



Beef Shorthorn Herd Health Declaration

Completion of this form is mandatory for all Beef Shorthorn Society sales and must be **returned with the entry forms**. This form confirms membership of an approved health scheme and will be validated by the appropriate health scheme. Failure to return this form **with the entry** will result in the animals being excluded from the sale.

Name: _____

Address: _____

_____ Postcode: _____

Herd Prefix: _____ Sale Date: _____ Sale Venue: _____

CHeCS Health Scheme Membership No. Date joined

SAC Premium Cattle HiHealth AFBI Cattle Herdsure
Health Scheme (Biobest) Health Scheme (VLA)

Other (please list) _____

PLEASE COMPLETE (Delete as appropriate)

	Accredited Free	Herd Testing	Herd Vaccinating	Vaccination of sale animals (date)	
BVD	Yes / No	Yes / No	Yes / No	Yes / No/...../.....	
IBR	Yes / No	Yes / No	Yes / No	Yes / No/...../.....	
Lepto	Yes / No	Yes/ No	Yes/ No	Yes / No/...../.....	
Johnes Risk Level	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Please tick box

TB Date Last tested Clear _____ Testing Interval 1 Year 2 Years
Please tick 3 Years 4 Years

Vendor Declaration: I allow the Beef Shorthorn Cattle Society to verify the details above with my CHeCS Health Scheme Provider.

Signed: _____ Print Name: _____ Date: _____

Disclaimer: The information above is supplied by the vendor. The Beef Shorthorn Cattle Society is not responsible for the accuracy of the information contained herein.