



Simmental

British Simmental Cattle Society

OFFICIAL SALE HERD HEALTH DECLARATION

HOLDING NUMBER:		HERD PREFIX:	
NAME:			
ADDRESS:			
VENUE/SALE:			

DATE HERD LAST TESTED CLEAR OF TB:	TESTING INTERVAL:	PLEASE TICK <input checked="" type="checkbox"/>
/ /	1 Year <input type="checkbox"/> 2 Year <input type="checkbox"/> 3 Year <input type="checkbox"/> 4 Year <input type="checkbox"/>	

FOR ALL SOCIETY SALES VENDORS MUST BE A MEMBER OF A CHcS LICENSED HERD HEALTH SCHEME			
PLEASE INDICATE:	<input type="checkbox"/> SAC Premium Cattle Health Scheme	<input type="checkbox"/> AFBI Cattle Health Scheme	
	<input type="checkbox"/> Hihealth Herdcare	<input type="checkbox"/> Other	

HERD HEALTH STATUS		PLEASE COMPLETE THE FOLLOWING:		
	Accredited Free	Herd testing	Vaccination	
BVD	Yes <input type="checkbox"/> VMF <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Male <input type="checkbox"/> Female <input type="checkbox"/>	
IBR	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> Male <input type="checkbox"/> If yes, since: No <input type="checkbox"/> Female <input type="checkbox"/> If yes, name of vaccine:	
LEPTO	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> Male <input type="checkbox"/> If yes, since: No <input type="checkbox"/> Female <input type="checkbox"/> If yes, name of vaccine:	
JOHNES	RISK LEVEL (1-5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		4 <input type="checkbox"/>	5 <input type="checkbox"/>	Since:
Any Additional Information:				

COMPULSORY BVD VACCINATION DATES FOR SALE ANIMALS:	MALE		
	FEMALE		

VENDOR DECLARATION: I certify that the above information is correct as at date of entry. The animal/s has been individually screened for BVD virus (only applicable if not BVD accredited) and I attach a copy of the results. All animals are BVD vaccinated. I allow the breed society/auctioneer to verify the details above with my CHcS Health Scheme Provider.

SIGNED:		NAME:		DATE:	
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The British Simmental Cattle Society Ltd, Avenue M, Stoneleigh Park, Kenilworth, Warwickshire CV8 2LG Tel: 02476 696513

Disclaimer: The health information above is a supplied by, or on behalf of the breeder. The responsibility for the accuracy of the information rests solely with the breeder and not with the British Simmental Cattle Society Ltd. The British Simmental Cattle Society reserves the right to contact the CHcS scheme of which you are a member to check the accuracy of the information provided.