



British Blue Cattle Society Official Sale Herd Health Declaration

HOLDING (CPH NUMBER): _____ HERD PREFIX: _____

NAME: _____ TELEPHONE NO: _____

ADDRESS: _____

SALE DATE: _____

BOVINE TB	
DATE HERD LAST TESTED CLEAR:	TESTING INTERVAL <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEARS <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 4 YEARS

HEALTH SCHEME	
PLEASE INDICATE WHICH HEALTH SCHEME YOU ARE A MEMBER OF	
<input type="checkbox"/> SAC Premium Cattle Health Scheme <input type="checkbox"/> Biobest Hi Health Herdcare <input type="checkbox"/> NML Herdwise <input type="checkbox"/> NWL Advance Cattle Health Scheme <input type="checkbox"/> AFBI Cattle Health Scheme <input type="checkbox"/> Other (please name).....	
TICK WHICH DISEASES APPLY: <input type="checkbox"/> JOHNES <input type="checkbox"/> BVD <input type="checkbox"/> IBR <input type="checkbox"/> LEPTO	

ALL VENDORS MUST COMPLETE THE FOLLOWING			
	Accredited free (CHeCS members only)	Herd Testing	Vaccination of Sale Animals only
BVD	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes Vaccine – Bovidec/Bovilis (Delete as applicable)
IBR	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes If yes, name of <input type="checkbox"/> No Vaccine:
LEPTO	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes If yes, name of <input type="checkbox"/> No Vaccine:
JOHNES	Risk Level (Consult your Health Scheme) Risk Level 1 <input type="checkbox"/> Accredited Risk Level 2 <input type="checkbox"/> Risk Level 3 <input type="checkbox"/> Risk Level 4 <input type="checkbox"/> Risk Level 5 <input type="checkbox"/>	Number of Consecutive Years Monitored Clear (Consult your Health Scheme) <input style="width: 40px; height: 20px;" type="text"/> Years	<input type="checkbox"/> Yes If yes, name of <input type="checkbox"/> No Vaccine:

Vendor Declaration:

I certify that the above information is correct at date of entry. The animal/s have been individually screened for BVD virus, to identify PI's (only applicable if not BVD Accredited) and blood/PCR tested for Johnes (not applicable if Risk Level 1 (Accredited) or under 12 months) and were tested negative for both BVD and Johnes. **A copy of the blood test results, are available on request. All sale animals entered are BVD vaccinated.** I allow the Breed Society/Auctioneer to verify the details above with my CHeCS Health Scheme Provider, if applicable.

Signed: _____ Name: _____ Date: _____

The British Blue Cattle Society, Holme House, Dale, Ainstable, Carlisle CA4 9RH Tel: 01768 870522

Disclaimer: The above information is supplied by the vendor and the Auctioneer/Breed Society is not responsible for the accuracy of this information