



THE HEREFORD CATTLE SOCIETY OFFICIAL SALE HERD HEALTH DECLARATION



HOLDING NUMBERS: _____ 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 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 4 YEARS
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HEALTH SCHEME

PLEASE INDICATE WHICH HEALTH SCHEME YOU ARE A MEMBER OF:

- SAC Premium Cattle Health Scheme
 HiHealth Herdcare (Biobest)
 NML Herdwise
 NWL Advance Cattle Health Scheme
 AFBI Cattle Health Scheme
 Other (please name) _____

TICK WHICH DISEASES APPLY: JOHNES BVD IBR 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/ Bovela (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 Vaccine: <input type="checkbox"/> No
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 Vaccine <input type="checkbox"/> No
JOHNES	Risk Level (Consult your Health Scheme) Level 1 <input type="checkbox"/> Accredited Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/>	Number of Consecutive Years Monitored Clear (Consult your Health Scheme) Years <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>	<input type="checkbox"/> Yes If yes, name of Vaccine <input type="checkbox"/> No

VENDOR DECLARATION

I certify that the above information is correct at date of entry.
I also confirm that I allow the Hereford Cattle Society or an Agent authorised by them to verify the details above with my CHeCS Health Scheme Provider, if applicable.

Signed: _____ Name: _____ Date: _____

The Hereford Cattle Society, Hereford House, 3 Offa Street, Hereford, HR1 2LL Tel: 01432 272057

Disclaimer: The above information is supplied by the Vendor, and therefore the Breed Society and Auctioneer are not responsible for the accuracy of this information.