



SALERS CATTLE SOCIETY OF THE UK OFFICIAL SALE HERD HEALTH DECLARATION

HOLDING LETTER: HERD PREFIX.....

NAME:

ADDRESS:

TEL NO: SALE DATE:

| BOVINE TB | |
|------------------------------|--|
| DATE HERD LAST TESTED CLEAR: | TESTING INTERVAL: <input type="checkbox"/> 1YEAR <input type="checkbox"/> 3YEARS <input type="checkbox"/> 2YEARS <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 Herdcare <input type="checkbox"/> Hi Health <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 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) 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) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Years | <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. The animal/s have been individually screened for BVD virus, to identify PI's (only applicable if not BVD Accredited) and my herd is Johnes monitored. | |
| I attach a copy of veterinary certificate results. | |
| All sale animals entered are BVD vaccinated and from a Johnes monitored herd. | |
| I allow the Breed Society/Auctioneer to verify the details above with my CHeCHS Health Scheme Provider if applicable: | |
| Signed: | Name: Date: |

*Disclaimer: The above information is supplied by the vendor and the Auctioneer/Breed Society is not responsible for the accuracy of this information
Failure to complete and return this declaration with the entries may result in the animals not being accepted for the sale.*

NB: ALL CATTLE ENTERED AND PRESENTED FOR SOCIETY SALES MUST BE FROM VENDORS WHO ARE MEMBERS OF A CHeCHS HEALTH SCHEME, AND WHO COMPLY WITH THE CURRENT SOCIETY RULING FOR BVD FREE SALES, AND HAVE ESTABLISHED THEIR JOHNES HERD STATUS AND ARE ACTIVELY MONITORING AND CULLING DISEASED ANIMALS FROM THE HERD