

British Blue Cattle Society Official Sale Herd Health Declaration

HOLDING (CPH NUMBER):			HERD PREFIX:	
NAME:			ELEPHONE NO:	
ADDRESS:				
	:			
		BOVINE	ТВ	
DATE HERD LAST TESTED CLEAR:			TESTING INTERVAL	☐ 1 YEAR ☐ 3 YEARS ☐ 2 YEARS ☐ 4 YEARS
		HEALTH SO	CHEME	
	NDICATE WHICH HEALTH SCH Premium Cattle Health Schen			NML Herdwise
NWL	Advance Cattle Health Scher	me 🗌 AFBI Cattle He	alth Scheme	
☐ Other (please name) TICK WHICH DISEASES APPLY: ☐ JOHNES ☐ BVD ☐ IBR ☐ LEPTO				
	ALL VENDO	RS MUST COMI	PLETE THE FO	DLLOWING
	Accredited free (CHeCS members only)	Herd Testing	Vaccinatio	n of Sale Animals only
BVD	☐ Yes ☐ No If yes, since:	☐ Yes ☐ No If yes, since:	☐ Yes	Vaccine – Bovidec/Bovilis (Delete as applicable)
IBR	☐ Yes ☐ No If yes, since:	☐ Yes ☐ No If yes, since:	☐ Yes ☐ No	If yes, name of Vaccine:
LEPTO	☐ Yes ☐ No If yes, since:	☐ Yes ☐ No If yes, since:	☐ Yes ☐ No	If yes, name of Vaccine:
JOHNES	Risk Level (Consult your Health Scheme) Risk Level 1 Accredited Risk Level 2 Risk Level 3 Risk Level 4 Risk Level 5 Risk Level 5	Number of Consecutive Years Monitored Clear (Consult your Health Scheme) Years	☐ Yes ☐ No	If yes, name of Vaccine:
applicable if negative for l	not BVD Accredited) and blood/PCF	R tested for Johnes (not app e blood test results, are av	s have been individually licable if Risk Level 1 (Ac ailable on request. All s	screened for BVD virus, to identify PI's (only credited) or under 12 months) and were tested tale animals entered are BVD vaccinated. I allow applicable.
Signed:		Name:		Date:
Disalaim ar. T		e Society, Holme House, Dal		4 9RH Tel: 01768 870522