



# British Blue Cattle Society

## Official Sale Herd Health Declaration

HOLDING (CPH NUMBER): \_\_\_\_\_ HERD PREFIX: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SALE DATE: \_\_\_\_\_

<b>BOVINE TB</b>			
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

<b>HEALTH SCHEME</b>	
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"/> 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	

<b>ALL VENDORS MUST COMPLETE THE FOLLOWING</b>			
	<b>Accredited free (CHeCS members only)</b>	<b>Herd Testing</b>	<b>Vaccination of Sale Animals only</b>
<b>BVD</b>	<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)
<b>IBR</b>	<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 <input type="checkbox"/> No If yes, name of Vaccine:
<b>LEPTO</b>	<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 <input type="checkbox"/> No If yes, name of Vaccine:
<b>JOHNES</b>	<b>Risk Level (Consult your Health Scheme)</b> 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"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of 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*