



THE HEREFORD CATTLE SOCIETY OFFICIAL SALE HERD HEALTH DECLARATION



HOLDING LETTERS _____ HERD PREFIX _____

NAME _____

ADDRESS _____

SALE DATE _____

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

HEALTH SCHEME	
ARE YOU A MEMBER OF A CHcCS CONTROLLED HEALTH SCHEME <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, TICK WHICH ONE	
<input type="checkbox"/> SAC PREMIUM CATTLE HEALTH SCHEME <input type="checkbox"/> HI HEALTH HERDCARE (BIOBEST) <input type="checkbox"/> NML HERDWISE	
<input type="checkbox"/> NWL ADVANCE CATTLE HEALTH SCHEME <input type="checkbox"/> AFBI CATTLE HEALTH SCHEME <input type="checkbox"/> VLA HERDSURE	
IF YES, TICK WHICH DISEASES APPLY <input type="checkbox"/> JOHNES <input type="checkbox"/> BVD <input type="checkbox"/> IBR <input type="checkbox"/> LEPTO	

ALL VENDORS, WHETHER IN CHcCS SCHEMES OR PRIVATELY TESTING, SHOULD COMPLETE THE FOLLOWING:

	ACCREDITED FREE (CHcCS MEMBERS ONLY)	HERD TESTING	VACCINATING
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 <input type="checkbox"/> NO IF YES, SINCE: NAME OF VACCINE:
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 <input type="checkbox"/> NO IF YES, SINCE: NAME OF 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 <input type="checkbox"/> NO IF YES, SINCE: NAME OF VACCINE:
JOHNES	<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, SINCE: NAME OF VACCINE:

BTV VACCINATION INFORMATION:

DECLARATION I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AS AT DATE OF ENTRY
SIGNED _____ NAME _____ DATE _____

THE HEREFORD CATTLE SOCIETY, HEREFORD HOUSE, 3, OFFA STREET, HEREFORD, HR1 2LL. TEL: 01432 272057

Disclaimer: The health information above is as supplied by, or on behalf of the breeder.

The responsibility for the accuracy of the information rests solely with the breeder and not with The Hereford Cattle Society.

The Hereford Cattle Society reserves the right to contact the CHcCS scheme of which you are a member to check the accuracy of information provided.