



THE BRITISH SIMMENTAL CATTLE SOCIETY LTD

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"/> 3 Years <input type="checkbox"/> 2 Years <input type="checkbox"/> 4 Years

FOR ALL SOCIETY SALES VENDORS MUST BE A MEMBER OF A CHoCS LICENSED HERD HEALTH SCHEME

PLEASE INDICATE SAC Premium Cattle Health Scheme HI Health Herdcare NML Herdwise
 Biobest Herdcare AFBI Cattle Health Scheme Herdsure

PLEASE TICK WHICH DISEASES APPLY JOHNES BVD IBR LEPTO

Please complete the following:			
	Accredited free	Herd Testing	Vaccination
BVD	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	Dates of compulsory Vaccination: <input type="checkbox"/> Male <input type="text"/> <input type="text"/> <input type="checkbox"/> Female <input type="text"/> <input type="text"/>
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"/> Male If yes, since: <input type="checkbox"/> No <input type="checkbox"/> Female If yes 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"/> Male If yes, since: <input type="checkbox"/> No <input type="checkbox"/> Female If yes name of vaccine:
JOHNES	<input type="checkbox"/> Yes <input type="checkbox"/> Controlled <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"/> Male If yes, since: <input type="checkbox"/> No <input type="checkbox"/> Female If yes name of vaccine:

BTv Vaccination information

Declaration:
 I certify that the above information is correct as at date of entry

Signed: _____ Name: _____ Date: _____

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