



Luing Society Herd Health Declaration



Herd Prefix: _____ Name: _____

Address: _____

_____ Postcode: _____

Telephone no: _____

Sale Date: _____ Sale Venue: _____

CHeCS HEALTH SCHEME MEMBER *Please tick* YES NO

If YES, SAC Premium Cattle Health Scheme HiHealth Herdcare

Other (please list) _____

PLEASE COMPLETE

		Accredited Free	Herd Testing	Vaccination (of sale animals)	Date of Vaccination
BVD	YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
IBR	YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Lepto	YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Johne's	YES	<input type="checkbox"/>	<input type="checkbox"/>	n/a	
	NO	<input type="checkbox"/>	<input type="checkbox"/>	n/a	
TB	Date last tested clear _____ Testing Interval			1 Year <input type="checkbox"/>	2 Years <input type="checkbox"/>
				3 Years <input type="checkbox"/>	4 Years <input type="checkbox"/>

Please include any further information you wish included on health on the line below:

Vendor Declaration: I certify that the above information is correct at date of entry. The animal/s has been individually screened for BVD virus (only applicable if not BVD accredited) and I attach a copy of the results. I allow the breed society / auctioneer to verify the details above with my CHeCS provider.

Signed: _____ Print Name: _____ Date: _____