



## Beef Shorthorn Herd Health Declaration

Completion of this form is mandatory for all Beef Shorthorn Society sales and must be **returned with the entry forms**. This form confirms membership of an approved health scheme and will be validated by the appropriate health scheme. Failure to return this form **with the entry** will result in the animals being excluded from the sale.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Herd Prefix: \_\_\_\_\_ Sale Date: \_\_\_\_\_ Sale Venue: \_\_\_\_\_

**CHeCS Health Scheme Membership No. .... Date joined .....**

SAC Premium Cattle  HiHealth  AFBI Cattle  Herdsure   
Health Scheme (Biobest) Health Scheme (VLA)

Other (please list) \_\_\_\_\_

**PLEASE COMPLETE (Delete as appropriate)**

	Accredited Free	Herd Testing	Herd Vaccinating	Vaccination of sale animals (date)	
BVD	Yes / No	Yes / No	Yes / No	Yes / No ...../...../.....	
IBR	Yes / No	Yes / No	Yes / No	Yes / No ...../...../.....	
Lepto	Yes / No	Yes/ No	Yes/ No	Yes / No ...../...../.....	
Johnes Risk Level	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Please tick box

TB Date Last tested Clear \_\_\_\_\_ Testing Interval 1 Year  2 Years   
*Please tick* 3 Years  4 Years

**Vendor Declaration:** I allow the Beef Shorthorn Cattle Society to verify the details above with my CHeCS Health Scheme Provider.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Disclaimer:** The information above is supplied by the vendor. The Beef Shorthorn Cattle Society is not responsible for the accuracy of the information contained herein.