Hereford Cattle Society

Official sale herd health declaration

Holding number: _____ Herd prefix: _____

Name: _____ Tel: _____

Address: _____

Sale date: _____

Bovine TB	
Date herd last tested clear:	Testing interval ☐ 1 year ☐ 3 years ☐ 2 years ☐ 4 years

Health scheme

Please indicate which health scheme you are a member of:

☐ SAC Premium Cattle Health Scheme ☐ HiHealth Herdcare (Biobest) ☐ NML Herdwise
☐ NWL Advance Cattle Health Scheme ☐ AFBI Cattle Health Scheme
☐ Other (please name)_____

_____

Tick which diseases apply: ☐ Johne's ☐ BVD ☐ IBR ☐ Lepto

All vendors must complete the following:

	Accredited free (CHeCS members only)	Herd testing	Vaccination of sale animals only
BVD	☐ Yes ☐ No If yes, since:	☐ Yes ☐ No If yes, since:	☐ Yes Vaccine – Bovidec/Bovilis/Bovela (delete as applicable)
IBR	☐ Yes ☐ No If yes, since:	☐ Yes ☐ No If yes, since:	☐ Yes If yes, name of Vaccine: ☐ No
Lepto	☐ Yes ☐ No If yes, since:	☐ Yes ☐ No If yes, since:	☐ Yes If yes, name of Vaccine ☐ No
Johne's	Risk level (Consult your health scheme) Level 1 ☐ Accredited Level 2 ☐ Level 3 ☐ Level 4 ☐ Level 5 ☐	Number of consecutive years monitored clear (consult your health scheme) years	☐ Yes If yes, name of Vaccine ☐ No

Vendor declaration

I certify that the above information is correct at date of entry. I also confirm that I allow the Hereford Cattle Society or an agent authorised by them to verify the details above with my health scheme provider, if applicable

Signed: _____Name: _____Date:_____

Disclaimer: The above information is supplied by the vendor, and therefore the society and auctioneer are not responsible for the accuracy of this information.