



OFFICIAL SALE HERD HEALTH DECLARATION

VENUE/SALE DATE:			
HOLDING NUMBER:		HERD PREFIX:	
NAME:			
ADDRESS:			

DATE HERD LAST TESTED CLEAR OF TB:	TESTING INTERVAL:	PLEASE TICK <input checked="" type="checkbox"/>
/ /	6M <input type="checkbox"/> 1 Year <input type="checkbox"/> 4 Year <input type="checkbox"/> EXEMPT <input type="checkbox"/>	

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

PLEASE INDICATE:

<input type="checkbox"/> SAC Premium Cattle Health Scheme	<input type="checkbox"/> AFBI Cattle Health Scheme
<input type="checkbox"/> Hihealth Herdcare	<input type="checkbox"/> Other

HERD HEALTH STATUS							
	Accredited Free?	Vaccinated Monitored Free?	Herd testing	Vaccination			
BVD	Yes <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> Show animals only <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Vaccine Name:			
IBR	Yes <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> Show animals only <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Vaccine Name: Active <input type="checkbox"/> Inactive <input type="checkbox"/>			
LEPTO	Yes <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> Show animals only <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Vaccine Name:			
JOHNES	RISK LEVEL (1-5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	SINCE (YEAR):
ADDITIONAL INFORMATION:							

COMPULSORY SALE VACCINATIONS:		DATE 1	DATE 2	VACCINE NAME	LAB REPORT ATTACHED
BVD	MALE				<input type="checkbox"/>
	FEMALE				<input type="checkbox"/>
IBR	HEIFERS				<input type="checkbox"/>

Ticking this box certifies that the above information is correct as at date of entry. Animals have been individually screened for BVD virus (if the herd is not BVD accredited) and a copy of the lab results attached. All animals are BVD vaccinated. All heifers have been individually isolated and tested for IBR (if the herd is not IBR accredited) and a copy of the lab results attached. Heifers are IBR vaccinated with a marker vaccine.
Disclaimer: The health information above is supplied by, or on behalf of, the breeder. Responsibility for the accuracy of the information rests solely with the breeder and not with the British Simmental Cattle Society Ltd. The British Simmental Cattle Society and the auctioneer reserves the right to contact the CHcS scheme of which you are a member to check the accuracy of the information provided.

By ticking this box, I agree that the British Simmental Cattle Society Ltd may take a hair DNA sample from any animals forward. A random selection of these will be processed to confirm Sire Verification. All samples will be retained.

SIGNED:		NAME:		DATE:	
----------------	--	--------------	--	--------------	--