



# THE ABERDEEN-ANGUS CATTLE SOCIETY

## Aberdeen-Angus Herd Health Declaration

Membership number: \_\_\_\_\_

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

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

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

Sale Date: \_\_\_\_\_

### CHeCS Health Scheme Membership

SAC Premium Cattle  
Health Scheme

HiHealth  
Herdcare  
(Biobest)

AFBI Cattle  
Health Scheme

Herdsure  
(VLA)

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

### PLEASE COMPLETE

		Accredited Free	Herd Testing	Vaccination (of sale animals)	Date(s) of Vaccination(s)
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 Risk Level \_\_\_\_\_ (1-5)

Animals at Livery Yes/No \_\_\_\_\_ Date from / / to / / .

TB Date Last tested Clear \_\_\_\_\_ Testing Interval

1 Year  2 Years

3 Years  4 Years

*Please tick*

**Vendor Declaration:** I allow the Aberdeen-Angus 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 and the Aberdeen-Angus Cattle Society is not responsible for the accuracy of the information contained herein.