British Blonde Cattle Society Official Sale Herd Declaration

HOLDING LETTERS:_____HERD PREFIX _____

NAME: _____

ADDRESS: _____

SALE DATE: _____

TB	
DATE HERD LAST TESTED CLEAR:	TESTING INTERVAL ------1 Year ------3 Years ------ 2 Years ------4 Years

HEALTH SCHEME. ARE YOU A MEMBER OF A CHeCS CONTROLLED HEALTH SCHEME __Yes __No

IF YES, TICK WHICH ONE ___SAC Premium Cattle Health Scheme ___HI Health ____NML Herdwise

___Biobest Herdcare ____NWL Advance Cattle Health Scheme ___AFBI Cattle Health Scheme

IF YES, TICK WHICH DISEASES APPLY ___JOHNES ___BVD ___IBR ___LEPTO

ALL VENDORS, WHETHER IN CHeCS SCHEMES OR PRIVATELY TESTING, SHOULD COMPLETE THE FOLLOWING:

	Accredited free (CHeCS members only)	Herd Testing	Vaccinated
BVD	___Yes ___No If yes, since:	___Yes ___No If yes, since:	___Yes If yes name of ___ No Vaccine: If yes, since:
IBR	___Yes ___No If yes, since:	___Yes ___No If yes, since:	___Yes If yes name of ___ No Vaccine: If yes, since:
LEPTO	___Yes ___No If yes, since:	___Yes ___No If yes, since:	___Yes If yes name of ___ No Vaccine: If yes, since:
JOHNES	___Yes ___No If yes, since:	___Yes ___No If yes, since:	___Yes If yes name of ___ No Vaccine: If yes, since:

BTV Vaccination Information

Declaration:
I Certify that the above information is correct as at date of entry
Signed:_____Name:_____Date:_____