

# 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 ENGLISH & WELSH BREEDERS ENTERING SCOTTISH SALES ONLY**

Has the animal been moved off farm for example for showing purposes since 18<sup>th</sup> May? Yes  No

If Yes has this been to a TB 1 or TB 2 area? Yes  No

Date of TB test: \_\_\_\_\_ Proof of TB test results: \_\_\_\_\_

**\*\*\*PLEASE NOTE THAT ANIMALS TRAVELLING FROM A TB4 REGION WILL NOT BE REQUIRED TO PRE SALE TEST UNLESS THERE HAS BEEN A MOVEMENT TO A LESSER TB AREA SINCE 18TH MAY 2023\*\*\***

**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/Biobest	<input type="checkbox"/> Other

**HERD HEALTH STATUS**

	Accredited Free?	Vaccinated Monitored Free?	Herd testing	Vaccination
<b>BVD</b>	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: _____
<b>IBR</b>	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"/>
<b>LEPTO</b>	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: _____
<b>JOHNES</b>	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): _____
<b>ADDITIONAL INFORMATION:</b>				

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

<b>SIGNED:</b>		<b>NAME:</b>		<b>DATE:</b>	
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