

## Official sale herd health declaration

Holding number: \_\_\_\_\_ Herd prefix: \_\_\_\_\_

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

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

Sale date: \_\_\_\_\_

### Bovine TB

Date herd last tested clear: _____	Testing interval <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years <input type="checkbox"/> 2 years <input type="checkbox"/> 4 years
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### 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	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since: _____	<input type="checkbox"/> Yes    Vaccine – Bovidec/Bovilis/Bovela (delete as applicable)
IBR	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since: _____	<input type="checkbox"/> Yes    If yes, name of Vaccine: <input type="checkbox"/> No
Lepto	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since: _____	<input type="checkbox"/> Yes    If yes, name of Vaccine <input type="checkbox"/> No
Johne's	Risk level (Consult your health scheme) Level 1 <input type="checkbox"/> Accredited Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/>	Number of consecutive years monitored clear (consult your health scheme)  _____ years	<input type="checkbox"/> Yes    If yes, name of Vaccine <input type="checkbox"/> 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.