



THE BRITISH CHAROLAIS CATTLE SOCIETY LTD

HERD/SALE HEALTH DECLARATION



UK HOLDING NUMBER _____ HERD PREFIX _____

NAME _____

ADDRESS _____

SALE DATE _____

TB DATE HERD LAST TESTED _____	TESTING INTERVAL <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEAR <input type="checkbox"/> 3 YEAR <input type="checkbox"/> 4 YEAR
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CHeCS Health Scheme Membership (please tick)

SAC Premium Cattle Health Scheme
 Hi Health Herdsure (Biobest)
 AFBI Cattle Health Scheme
 Herdsure (VLA)

Other (please name) _____

PLEASE COMPLETE

		ACCREDITED FREE	HERD TESTING	VACCINATION OF SALE ANIMALS		DATE OF VACCINATION
BVD	YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compulsory	/ /
	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
IBR	YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	specify whether IBR marker vaccine	/ /
	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"/>		

JOHNES RISK LEVEL (1-5) _____

Vendor Declaration:

I certify that the above information is correct as at date of entry and permit the BCCS to verify the details with the relevant CHeCS Health Scheme. The responsibility for the accuracy of the information rests solely with the breeder and not with the British Charolais Cattle Society Ltd.

Signed: _____ Name: _____ Date: _____