



THE BRITISH CHAROLAIS CATTLE SOCIETY LTD OFFICIAL SALE HERD HEALTH DECLARATION

HOLDING LETTERS: _____ HERD PREFIX _____

NAME: _____

ADDRESS: _____

SALE DATE: _____

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

HEALTH SCHEME. ARE YOU A MEMBER OF A CHeCS CONTROLLED HEALTH SCHEME Yes No
 IF YES, TICK ONE SAC Premium Cattle Health Scheme HI Health Herdcare NML Herdwise
 Biobest Herdcare AFBI Cattle Health Scheme Herdsure
 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	Blood test taken BVD Antigen	Vaccination
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 <input type="checkbox"/> No	Dates of compulsory Vaccination: <input type="checkbox"/> Male _____ <input type="checkbox"/> Female _____
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 <input type="checkbox"/> Male If yes, since: _____ <input type="checkbox"/> No <input type="checkbox"/> Female If yes name of vaccine: _____
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 <input type="checkbox"/> Male If yes, since: _____ <input type="checkbox"/> No <input type="checkbox"/> Female If yes name of vaccine: _____
JOHNES	<input type="checkbox"/> Yes <input type="checkbox"/> Controlled <input type="checkbox"/> No If yes, since: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since: _____		<input type="checkbox"/> Yes <input type="checkbox"/> Male If yes, since: _____ <input type="checkbox"/> No <input type="checkbox"/> Female If yes name of vaccine: _____

BTV Vaccination information	Yes <input type="checkbox"/> Date: _____
	No <input type="checkbox"/>

Declaration:

I certify that the above information is correct as at date of entry

Signed: _____ Name: _____ Date: _____

The British Charolais Cattle Society Ltd, Avenue M, Stoneleigh Park, Kenilworth, Warwickshire CV8 2RG Tel: 02476 697222

Disclaimer: The health information above is a supplied by, or on behalf of the breeder.
 The responsibility for the accuracy of the information rests solely with the breeder and not with the British Charolais Cattle Society Ltd
 The British Charolais Cattle Society reserves the right to contact the CHeCS scheme of which you are a member to check the accuracy of the information provided.