

New Health Declaration form

A new health declaration form has been produced and will be available on the Charolais website or from the Sale Auctioneers. This enables the breeder to fill in the form, save then email or print off sign and send to the Society.

Indicate Sale/sale date.

Indicate UK holding number also known as CPH, this is required for checking with the health scheme.

Always include Herd Prefix, name and Address for easy verification of herd.

Clear Form
Print
Email

THE BRITISH CHAROLAIS CATTLE SOCIETY LTD
HERD/SALE HEALTH DECLARATION

SALE/SALE DATE			
UK HOLDING NUMBER		HERD PREFIX	
NAME			
ADDRESS			

TB DATE HERD LAST TESTED CLEAR

TESTING INTERVAL (please tick)

6 Months	<input type="checkbox"/>	3 Year	<input type="checkbox"/>
1 Year	<input type="checkbox"/>	4 Year	<input type="checkbox"/>
2 Year	<input type="checkbox"/>	Exempt	<input type="checkbox"/>

If TB Exempt you must include a copy of your APHA Letter to confirm this.

CHeCS Health Scheme Membership (please tick)

Premium Cattle Health Scheme (PCHS, SRUC, SAC)	<input type="checkbox"/>	Hi Health Herdcare Cattle Health Scheme (Hi Health Ltd, Biobest Herdcare)	<input type="checkbox"/>	AFBI Cattle Health Scheme	<input type="checkbox"/>	HerdSURE (VLA)	<input type="checkbox"/>	Not in a Health Scheme	<input type="checkbox"/>
Other (please specify)	<input type="text"/>								

PLEASE COMPLETE	ACCREDITED FREE	MONITORED FREE	HERD TESTING	VACCINATION OF SALE ANIMALS	DATE(S) OF VACCINATION
BVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compulsory (please tick) Indicate if Single <input type="checkbox"/> or Double <input type="checkbox"/>	Vaccine 1 st Date: Vaccine 2 nd Date: Vaccine used: <small>If not 'Accredited Free' BVD Antigen Test is Compulsory</small> BVD Antigen Test Date
IBR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Optional (please tick) Indicate if Single <input type="checkbox"/> or Double <input type="checkbox"/>	Vaccine 1 st Date: Vaccine 2 nd Date: Vaccine used: Specify whether IBR Marker Vaccine: Yes <input type="checkbox"/> or No <input type="checkbox"/>
LEPTO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Optional (please tick) Indicate if Single <input type="checkbox"/> or Double <input type="checkbox"/>	Vaccine 1 st Date: Vaccine 2 nd Date: Vaccine used:
JOHNES RISK LEVEL (1-5)	<small>If you are part of a CHeCS health scheme you must specify a Johnes Risk Level level of 1-5 if you are not testing your level should be indicated as 5.</small>				

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.

Name: Signed: Date:

Select the Status for BVD/IBR/LEPTO, you can choose from Accredited Free/ Monitored free/Herd testing.

Note if you do not have any of these three statuses then do not click any. If accidentally clicked you will have to clear the form using the clear form button and start all over again.

If you are not in a health scheme you cannot be accredited, monitored free or have a Johnes risk level.

Please indicate if a single or double vaccine. If the sale animals are vaccinated against BVD/IBR or LEPTO. Leave blank if not vaccinated.

Indicate BVD/IBR/LEPTO Vaccination dates for single or double vaccination as appropriate.

These can be future dates in relation to when the form is being submitted.

Indicate which vaccine was used for BVD/IBR/LEPTO as appropriate.

Indicate Johnes Risk Level 1-5, you can only have a Johnes risk level if you are part of a CHeCS health scheme, if you are not please leave blank.

For BVD, vaccination is compulsory.

If your status is not accredited free for BVD you must carry out BVD Antigen tests on the sale animals and proof taken to the sale. Please indicate the date when the antigen test has been carried out or is going to be conducted.

If sale animals are vaccinated for IBR please indicate if vaccine is an IBR marker vaccine by selecting Yes or No.

Finally print name, sign and date.

The form can then be saved, attached to an email and sent in to this society (this can be done by clicking the email button).

The form can be printed and posted in to the society. (can be done by clicking the print button).

If you have made any error in using any of the tick boxes you may use the clear form to start again.

Note: The society will only accept an unsigned form if sent from a valid email address.