



# 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	3 Year
	1 Year	4 Year
	2 Year	Exempt
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)	Hi Health Herdcare Cattle Health Scheme (Hi Health Ltd, Biobest Herdcare)	AFBI Cattle Health Scheme	Herdshire (VLA)	Not in a Health Scheme
Other (please specify)				

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

<b>Vendor Declaration:</b> 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:	