



## Herd Health Declaration

Herd Prefix:		Name:	
Address:			
Tel:		Sale Date:	
Sale Venue:			

CHeCS HEALTH SCHEME MEMBER *Please tick* YES  NO

If YES, SAC Premium Cattle Health Scheme  HiHealth Herdcare

Other (please list) \_\_\_\_\_

### PLEASE COMPLETE

		Accredited Free	Herd Testing	Vaccination (of sale animals)	Date(s) of Vaccination and Product
BVD	YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IBR	YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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"/>	
Johne's	Risk Level	<input type="checkbox"/>	Yes	<input type="checkbox"/>	n/a
			No	<input type="checkbox"/>	n/a
TB	Date last tested clear		Testing Interval	1 Year <input type="checkbox"/>	2 Years <input type="checkbox"/>
				3 Years <input type="checkbox"/>	4 Years <input type="checkbox"/>

**Please include any further information you wish included on health on the line below:**

**Vendor Declaration:** I certify that the above information is correct at date of entry. The animal/s has been individually screened for BVD virus (only applicable if not BVD accredited) and I attach a copy of the results. I allow the breed society / auctioneer to verify the details above with my CHeCS provider.

Signed:

Print Name:

Date:

Please submit with entries to: Natalie Cormack, Dairy Cottage, Tower Road, Ayton, Berwickshire TD14 5QX  
Email: [secretary@luingcattlesociety.co.uk](mailto:secretary@luingcattlesociety.co.uk) Tel: 01890781358 Mob: 07592 139708