



# SALE CARDS

By submitting this form you accept our Standard Terms and Conditions. These can be found at : <http://www.sruc.ac.uk/vets/terms>



SELLER					VETERINARY PRACTICE				
Name					Name				
Address & Postcode					Address				
Tel:					Tel:				
CPH No									
Auctioneer Name & Address					Date of Sale				

- WHERE LESS THAN 2 WEEKS' NOTICE IS GIVEN WE MAY NOT BE ABLE TO PRODUCE A SALE CARD AT ALL
- ADDITIONAL CHARGES WILL BE APPLIED WHERE LESS THAN 2 WEEKS' NOTICE IS GIVEN FOR A SALE CARD WHERE NO TESTING IS REQUIRED.
- WHERE TESTING IS NECESSARY, SIX WEEKS' NOTICE IS REQUIRED.
- WHERE ANIMALS ARE AT LIVERY THE HERD STATUS OF THE HERD OF ORIGIN WILL NOT BE PRESENTED ON THE SALE CARD UNLESS THE ANIMALS ARE MAINTAINED IN ISOLATION AT LIVERY (Signature Required)

Are you a member of the Premium Cattle Health Scheme?  Yes  No (✓)

Are the animals at livery prior to the Sale?  Yes  No (✓)

**I confirm that the animals are in Isolation when at Livery**

**Signed by Vet:** .....

**Please print name:** .....

Declarations will only be produced for animals that are either from a BVD free accredited herd or have been individually tested for the presence of BVD antigen (or virus) and found to be negative. Animals should be blood tested between 6 and 12 weeks before the sale; this applies for BVD antibody, L hardjo antibody and IBR antibody. For BVD antigen (virus) a single blood test producing a negative result from one month of age can be used for these health declarations.  
**NOTE: There is no need to individually test any animal for a disease for which you hold Accredited Status within the PCHS Scheme.**

TB Status	*Date of last	Result	Date of last	Result
Frequency of herd testing (years): .....	herd test: .....	.....	individual test:.....	.....

\*TB: To allow us to include TB test information on your Health Declaration **a copy of your most recent test results must be enclosed with your application.** This form, TB52, is available to you on request from your local Animal Health Office.

**Owner Declaration:** I confirm that the information provided is, to the best of my knowledge, correct.

**Signature:** ..... **Name:** ..... **Date:** .....

Please return this form to:  
**SRUC Veterinary Services, Greycrook, St Boswells, Melrose, Roxburghshire, TD6 0EQ**  
**Tel: 01835 822 456 Fax: 01835 823 643 Email: [vcstboswells@sac.co.uk](mailto:vcstboswells@sac.co.uk)**

*Information on this form will be stored and processed on a computer. SRUC Veterinary Services complies with the standards set by The Data Protection Act 2018 and GDPR.*



**Test Results: Enter POS/NEG or not-tested (NT) or send copy of results. Note: \*NO RESULT MORE THAN 3 MONTHS OLD CAN BE USED except for BVD Ag (virus)\***

								Vaccine Dates: enter date vaccine given					
Ear Number	Name	Breed		BVD Ag	*BVD Ab	*IBR Ab	*Lepto Ab	BVD V1	BVD V2	IBR V1	IBR V2	Lepto V1	Lepto V2
			Test Result										
			Test Date										
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**Names of Vaccine(s) Used:**

BVD: Bovidec / Bovilis / Bovela BVD (delete as appropriate)

IBR: .....

Lepto: .....