



BRITISH LIMOUSIN CATTLE SOCIETY OFFICIAL SALE HERD HEALTH DECLARATION

HOLDING LETTERS: _____ HERD PREFIX: _____

NAME: _____ TEL: _____

ADDRESS: _____

SALE DATE: _____

BOVINE 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 <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, TICK WHICH ONE <input type="checkbox"/> SAC Premium Cattle Health Scheme <input type="checkbox"/> HI Health Herdcare <input type="checkbox"/> NML Herdwise <input type="checkbox"/> VLA Herdsure <input type="checkbox"/> NWL Advance Cattle Health Scheme <input type="checkbox"/> AFBI Cattle Health Scheme <input type="checkbox"/> Shetland Animal Health Scheme IF YES, TICK WHICH DISEASES APPLY <input type="checkbox"/> JOHNE'S <input type="checkbox"/> BVD <input type="checkbox"/> IBR <input type="checkbox"/> LEPTO

ALL VENDORS, WHETHER IN CHeCS SCHEMES OR PRIVATELY TESTING, SHOULD COMPLETE THE FOLLOWING:			
	Accredited free (CHeCS members only)	Herd Testing	Vaccinating
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 If yes name of <input type="checkbox"/> No Vaccine: If yes, since:
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 If yes name of <input type="checkbox"/> No Vaccine: If yes, since:
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 If yes name of <input type="checkbox"/> No Vaccine: If yes, since:
JOHNE'S	Risk Level <input type="checkbox"/> Risk Level 1 <input type="checkbox"/> Risk Level 2 <input type="checkbox"/> Risk Level 3 <input type="checkbox"/> Risk Level 4 <input type="checkbox"/> Risk Level 5	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes If yes name of <input type="checkbox"/> No Vaccine: If yes, since:

Declaration:

I certify that the above information is correct at date of entry. I allow the Breed Society/auctioneer to verify the details above with my CHeCS Health Scheme Provider.

Signed: _____ Name: _____ Date: _____

The British Limousin Cattle Society, Concorde House, 24 Warwick New Road, Leamington Spa, CV32 5JG Tel 02476-696500

Disclaimer: The health information above is as 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 Limousin Cattle Society Ltd.