



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: _____