Official Sale Herd Health Declaration

HOLDING (CPH NUMBER): _____ HERD PREFIX:_____

NAME:_____ TELEPHONE NO: _____

ADDRESS: _____

SALE DATE: _____

BOVINE TB	
DATE HERD LAST TESTED CLEAR:	TESTING INTERVAL ☐ 1 YEAR ☐ 3 YEARS ☐ 2 YEARS ☐ 4 YEARS

HEALTH SCHEME

PLEASE INDICATE WHICH HEALTH SCHEME YOU ARE A MEMBER OF

☐ SAC Premium Cattle Health Scheme ☐ Biobest Hi Health Herdcare ☐ NML Herdwise

☐ NWL Advance Cattle Health Scheme ☐ AFBI Cattle Health Scheme

☐ Other (please name).....

TICK WHICH DISEASES APPLY: ☐ JOHNES ☐ BVD ☐ IBR ☐ LEPTO

ALL VENDORS MUST COMPLETE THE FOLLOWING

	Accredited free (CHeCS members only)	Herd Testing	Vaccination of Sale Animals only
BVD	☐ Yes ☐ No If yes, since:	☐ Yes ☐ No If yes, since:	☐ Yes Vaccine – Bovidec/Bovilis (Delete as applicable)
IBR	☐ Yes ☐ No If yes, since:	☐ Yes ☐ No If yes, since:	☐ Yes ☐ No If yes, name of Vaccine:
LEPTO	☐ Yes ☐ No If yes, since:	☐ Yes ☐ No If yes, since:	☐ Yes ☐ No If yes, name of Vaccine:
JOHNES	**Risk Level** **(Consult your Health Scheme)** Risk Level 1 ☐ Accredited Risk Level 2 ☐ Risk Level 3 ☐ Risk Level 4 ☐ Risk Level 5 ☐	Number of Consecutive Years Monitored Clear **(Consult your Health Scheme)** ☐ Years	☐ Yes ☐ No If yes, name of Vaccine:

Vendor Declaration:

I certify that the above information is correct at date of entry. The animal/s have been individually screened for BVD virus, to identify PI's (only applicable if not BVD Accredited) and blood/PCR tested for Johnes (not applicable if Risk Level 1 (Accredited) or under 12 months) and were tested negative for both BVD and Johnes. **A copy of the blood test results, are available on request. All sale animals entered are BVD vaccinated.** I allow the Breed Society/Auctioneer to verify the details above with my CHeCS Health Scheme Provider, if applicable.

Signed: _____ Name: _____Date: _____

Disclaimer: The above information is supplied by the vendor and the Auctioneer/Breed Society is not responsible for the accuracy of this information

Revised 1/1/2020