



Patron: Her Majesty The Queen

# HIGHLAND CATTLE SOCIETY

Stirling Agricultural Centre, Stirling, FK9 4RN

Tel: 01786 446866

Fax: 01786 446022

Email: [info@highlandcattlesociety.com](mailto:info@highlandcattlesociety.com)

[www.highlandcattlesociety.com](http://www.highlandcattlesociety.com)

## Highland Cattle Society – Female Entry Form

There is no Entry Fee, however, any Member who withdraws an animal from the Show and Sale after noon on Friday 20<sup>th</sup> December 2019 without a Vet Certificate or a Medical Note will be subject to a fee of £100 plus VAT per animal withdrawn.

**Closing Date: 2 December**

<b>Sale Date:</b>	
<b>Fold Name:</b>	
<b>Exhibitors Name:</b>	
<b>Contact Name:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Telephone:</b>	
<b>Email:</b>	

I hereby declare that the animals detailed in the attached entry forms are to be entered for the above sale. I have entered a total of .....(enter no. of entries) females in the above named sale. I have also completed and attached the Fold Health Declaration Form. I have read and understood the terms and conditions set out in the Show and Sale Schedule. I will forward a copy of my current Health Certificate and / or individual animal test results to the Society by 17 January. I can confirm that all animals have been quarantined for 28 days prior to testing.

Signature:.....

Date:.....

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

Registered Office: Stirling Agricultural Centre, Stirling FK9 4RN  
Scottish Charity No: SC013974



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Entry ..... of .....(e.g. 1 of 5)

<b>Name of Animal</b>					
<b>Ear Tag Number</b>				<b>Date of Birth</b>	
<b>Breeders Name &amp; Address</b> (if bred by exhibitor state only "Exhibitor")					
<b>Animal Health Status</b>				<b>Colour</b>	
<b>Name/Tag of Sire</b>					
<b>Name/Tag of Dam</b>					
<b>Comments</b>					
<b>Is she in-calf?</b> (Please circle)	<b>YES / NO</b>		<b>Is she halter trained?</b> (Please circle)	<b>YES / NO</b>	
<b>Service Details</b>	<b>Date of Service/AI</b>		<b>or ran from</b>	<b>to</b>	
	<b>Service Bull Name/ Tag No</b>				
<b>Calving Record</b>	<b>Date of Calving</b>		<b>Sex</b>		
	<b>Date of Calving</b>		<b>Sex</b>		
	<b>Date of Calving</b>		<b>Sex</b>		
	<b>Date of Calving</b>		<b>Sex</b>		
	<b>Date of Calving</b>		<b>Sex</b>		
	<b>Date of Calving</b>		<b>Sex</b>		
<b>Details of calf to be sold at foot</b> (if applicable)	<b>Name</b>		<b>Sex</b>		
	<b>Ear Tag No</b>		<b>DOB</b>		
	<b>Sire Name/Tag</b>				

Please photocopy this form if necessary.

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## Highland Cattle Society Health Declaration Form

Sale Date:		Fold Name:	
Name:		Tel. No.:	
Address including Postcode:			

Are you a Member of a CHcS Controlled Health Scheme?			
	Tick (✓)	Name of Scheme	
YES			Send copy of Herd Health Certificate to Society
NO		Not applicable	Send Individual Test Results to the Society

Section 1 – Please tick which diseases apply?							
JOHNES		BVD		IBR		LEPTO	

Section 2 – Bovine TB	
Date Herd Last Tested Clear of TB?	
Testing Interval Period? E.g. 1 Year, 2 Years etc.	

Section 3 – All Vendors must complete							
	Accredited Free		Herd Testing		Vaccinating		Vaccine Name
BVD	YES		YES		YES		
	If Yes since?		If Yes since?		If Yes since?		
	NO		NO		NO		
IBR	YES		YES		YES		
	If Yes since?		If Yes since?		If Yes since?		
	NO		NO		NO		
LEPTO	YES		YES		YES		
	If Yes since?		If Yes since?		If Yes since?		
	NO		NO		NO		
JOHNES	Risk Level?		YES		YES		
	1 - 5		If Yes since?		If Yes since?		
			NO		NO		

### VENDOR DECLARATION

I certify that the above information is correct at date of entry. I allow the Highland Cattle Society / Auctioneer to verify the details with my CHcS Health Scheme Provider, if applicable. Please forward a copy of your current whole herd health certificate or individual Test Results for all Sale Animals by 17<sup>th</sup> January 2020.

Signed:.....Dated:.....

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