**Highland Cattle Society Health Declaration Form**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you a Member of a CHeCS 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 |  |

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

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| **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?  1 - 5 |  | YES |  | YES |  |  |
|  | 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 CHeCS 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 September 29, 2023.  Signed:………………………………………………………………………………………………….Dated:………………………………………………. | | | | | | | |