



Patron: Her Majesty The Queen

HIGHLAND CATTLE SOCIETY

Stirling Agricultural Centre, Stirling, FK9 4RN

Tel: 01786 446866

Fax: 01786 446022

Email: info@highlandcattlesociety.com

www.highlandcattlesociety.com

Highland Cattle Society – Male Entry Form

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20th December 2019 without a Vet Certificate or a Medical Note will be subject to a fee of £100 plus VAT per animal withdrawn.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

| | |
|-------------------------|--|
| Sale Date: | |
| Fold Name: | |
| Exhibitors Name: | |
| Contact Name: | |
| Address: | |
| Postcode: | |
| Telephone: | |
| Email: | |

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) males 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)

| | | | |
|---|---------------|-----------------------|-------------------------|
| Name of Animal | | | |
| Ear tag Number | | Date of Birth | |
| Breeders Name & Address (if bred by exhibitor state only "Exhibitor") | | | |
| Animal Health Status | | Colour | |
| Name/Tag of Sire | | | |
| Name/Tag of Dam | | | |
| Comments | | | |
| Please circle one: | Single | Twin to a male | Twin to a female |

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 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 | |

| 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 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 17 th January 2020. | |
| Signed:..... | Dated:..... |

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