



GRASS MASTERS ONLINE SALE 2024 HEALTH DECLARATION



Health testing of all lots is not compulsory, however this form must be completed by every vendor to detail the herd's TB testing interval, any herd health scheme involvement, as well as any testing of individual lots, where applicable.

BOVINE TB (ALL VENDORS MUST COMPLETE THIS SECTION)										
Herd testing interval:		<input type="checkbox"/>	6 monthly			<input type="checkbox"/>	1 yearly		<input type="checkbox"/>	4 yearly
Last herd test date:										
CHeCS HERD HEALTH SCHEMES (COMPLETE WHERE APPLICABLE)										
Name of CHeCS Herd Health Scheme provider (e.g. SAC, Biobest):										
Diseases enrolled: (tick all which apply)		<input type="checkbox"/>	BVD			<input type="checkbox"/>	Lepto		<input type="checkbox"/>	IBR
		<input type="checkbox"/>	Johne's			<input type="checkbox"/>	Neospora		<input type="checkbox"/>	bTB
ACCREDITATION STATUS (CHeCS MEMBERS ONLY)										
BVD	CHeCS Accredited Free since:									
Lepto	CHeCS Accredited Free since:									
IBR	CHeCS Accredited Free since:									
Johne's	CHeCS Risk Level (circle)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Since:	
Neospora	CHeCS Accredited Free since:									
bTB	CHeCS Accredited Free since:									
HERD TESTING & VACCINATION (COMPLETE WHERE APPLICABLE)										
BVD	Herd test date:		Vaccination date:			Name of vaccine:				
Lepto	Herd test date:		Vaccination date:			Name of vaccine:				
IBR	Herd test date:		Vaccination date:			Name of vaccine:				
Johne's	Herd test date:									
Neospora	Herd test date:									
bTB	Herd test date:									
INDIVIDUAL ANIMAL TESTING & VACCINATION (COMPLETE WHERE APPLICABLE)										
BVD	Tag numbers of lots tested:									
	Test date:									
	Tag numbers of lots vaccinated:									
	Vaccination date:					Name of vaccine:				
Lepto	Tag numbers of lots tested:									
	Test date:									
	Tag numbers of lots vaccinated:									
	Vaccination date:					Name of vaccine:				
IBR	Tag numbers of lots tested:									
	Test date:									
	Tag numbers of lots vaccinated:									
	Vaccination date:					Name of vaccine:				
Johne's	Tag numbers of lots tested:									
	Test date:									
Neospora	Tag numbers of lots tested:									
	Test date:									
bTB	Tag numbers of lots tested:									
	Test date:									

By submitting this form, vendors agree that all the above information is correct on the date of entry. Herd TB testing interval, herd health scheme involvement, and any testing of individual lots will be displayed in the sale catalogue.

Signed (vendor or representative): _____ Date: _____