



# Grass Masters Sale 2022

## OFFICIAL SALE HERD HEALTH DECLARATION



HOLDING LETTERS: \_\_\_\_\_ HERD PREFIX: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### BOVINE TB

DATE HERD LAST TESTED CLEAR: \_\_\_\_\_ TESTING INTERVAL  1 YEAR  3 YEAR  
 2 YEAR  4 YEAR

### HEALTH SCHEME

PLEASE INDICATE WHICH HEALTH SCHEME YOU ARE A MEMBER OF:

SAC Premium Cattle Health Scheme  Hi Health Herdcare (Biobest)  AHVLA Herdsure  NML Herdwise  
 NWL Advance Cattle Health Scheme  AFBI Cattle Health Scheme  Other (Please name) \_\_\_\_\_

TICK WHICH DISEASE APPLY:  JOHNES  BVD  IBR  LEPTO

### ALL VENDORS MUST COMPLETE THE FOLLOWING:

	Accredited Free (CHeCS members only)	Herd Testing	Vaccination of Sale Animals only
BVD	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes since: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes since: _____	<input type="checkbox"/> Yes      Vaccine - Bovidec/Bovilis (Delete as applicable)
IBR	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes since: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes since: _____	<input type="checkbox"/> Yes      if yes, name of Vaccine <input type="checkbox"/> No
LEPTO	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes since: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes since: _____	<input type="checkbox"/> Yes      if yes, name of Vaccine <input type="checkbox"/> No
JOHNES	Risk Level (Consult your Health Scheme) Risk Level 1 <input type="checkbox"/> Risk Level 2 <input type="checkbox"/> Risk Level 3 <input type="checkbox"/> Risk Level 4 <input type="checkbox"/> Risk Level 5 <input type="checkbox"/>	Number of Consecutive Years Monitored Clear  (Consult your Health Scheme) Years _____	<input type="checkbox"/> Yes      if yes, name of Vaccine <input type="checkbox"/> No

### VENDOR DECLARATION

I certify that the above information is correct at date of entry.

I also confirm that I allow the Traditional Hereford Breeders Club or an Agent authorised by them 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 therefore the Breed Society and Auctioneer are not responsible for the accuracy of this information