

Luving Society Herd Health Declaration

Herd Prefix: _____ Name: _____

Address: _____

Postcode: _____

Telephone no: _____

Sale Date: _____ Sale Venue: _____

CHeCS HEALTH SCHEME MEMBER *Please tick* YES NO

If YES, SAC Premium Cattle Health Scheme HiHealth Herdcare

PLEASE COMPLETE

		<i>Accredited Free</i>	<i>Herd Testing</i>	<i>Vaccination (of sale animals)</i>	<i>Date of Vaccination/s</i>
BVD	YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
IBR	YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Lepto	YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /

Johne's* (please circle) Risk level 1 Risk level 2 Risk level 3 Risk level 4 Risk level 5

* If you are not aware of your risk level, this information can be obtained from your health scheme provider.

TB Date last tested clear _____ Testing Interval

1 Year	<input type="checkbox"/>	2 Years	<input type="checkbox"/>
3 Years	<input type="checkbox"/>	4 Years	<input type="checkbox"/>

Please include any further information you wish included on health on the line below:

Vendor Declaration: I certify that the above information is correct at date of entry. The animal/s has been individually screened for BVD virus (only applicable if not BVD accredited) and I attach a copy of the results. I allow the breed society / auctioneer to verify the details above with my CHeCS provider.

Signed: _____ Print Name: _____ Date: _____