

LEPTO

JOHNES RISK

**LEVEL (1-5)** 

## THE BRITISH CHAROLAIS CATTLE SOCIETY LTD HERD/SALE HEALTH DECLARATION



SALE/SALE DATI	=							
UK HOLDING NUMBER				Н	ERD PREFIX			
NAME								
ADDRESS								
TB DATE	HERD LAST T	ESTED CLE	EAR					
TESTING INTERVAL (please tick)				6 Months 3 Year 1 Year 4 Year 2 Year Exempt				
If TB Exempt yo	u must inclu	de a copy	of your APHA	Letter to	confirm this.			
CHeCS Health Sch	neme Membe	rship (pleas	se tick)					
Premium Cattle Healt	CHeCS Health Scheme Membership (please tick)  Premium Cattle Health Scheme Hi Health Herdcare Cattle Health Scheme (Hi AFBI Cattle Health Herdsure Not in a Health							
(PCHS, SRUC, SAC) Other (please specify)		Health Ltd, Biobest Herdcare)			Scheme	(VLA)	Scheme	
Other (piedse sp	Jeeny,	<u> </u>						
PLEASE COMPLETE	ACCREDITI	ED FREE	MONITORED FREE	HERD TESTING	VACCINATION OF SALE ANIMALS	DATE(S) OF VACCINATION		
BVD					Compulsory (please tick) Indicate if Single or Double	Vaccine 1st Date:  Vaccine 2nd Date:  Vaccine used:  If not 'Accredited Free' BVD Antigen Test is Compu	ılsory	
IBR					Optional (please tick) Indicate if Single or Double	Vaccine 1 <sup>st</sup> Date:  Vaccine 2 <sup>nd</sup> Date:  Vaccine used:  Specify whether IBR Marker V	/accine: Yes or No	
					Optional	Vaccine 1 <sup>st</sup> Date:		

Vendor Declaration:								
I certify that the above information is correct as at date of entry and permit the BCCS to verify the details with the relevant CHeCS Health Scheme.								
The responsibility for the accuracy of the information rests solely with the breeder and not with the British Charolais Cattle Society Ltd.								
Name:	Signed:		Date:					

testing your level should be indicated as 5.

Indicate if

Single or

Double

Vaccine 2<sup>nd</sup> Date:

Vaccine used:

If you are part of a CHeCS health scheme you must specify a Johnes Risk Level a level of 1-5 if you are not