

**LONGTOWN MART
HERD HEALTH DECLARATION
PEDIGREE CATTLE SALES**

NAME.....

HERD PREFIX.....

Member of a Checs Health Scheme .. Yes/No

If Checs Health Scheme Membership No. Date Joined.....

Name of Scheme (SAC, AFBI, Herdsure etc.)

Please Circle Correct Answer	Accredited Free	Herd Testing	Herd Vaccinating	Vaccination of Sale Animals
BVD	Yes/No	Yes/No	Yes/No	Yes/No
IBR	Yes/No	Yes/No	Yes/No	Yes/No
Lepto	Yes/No	Yes/No	Yes/No	Yes/No

Johnes Risk Level 1..... 2..... 3..... 4..... 5.....

TB Test Interval 1..... 2..... 3..... 4..... Last Clear TB Test Date

Details of Blue Tongue vaccination (if any)

Declaration - I certify that the above information is correct as at this date and that animals to be consigned have not failed tests, or been outwith the acceptable parameters of results, in respect of the above diseases.

Signature