



THE ABERDEEN-ANGUS CATTLE SOCIETY

Aberdeen-Angus Herd Health Declaration

Membership number: _____

Name: _____

Address: _____

_____ Postcode: _____

Sale Date: _____

CHeCS Health Scheme Membership

SAC Premium Cattle Health Scheme

HiHealth Herdcare (Biobest)

AFBI Cattle Health Scheme

Herdsure (VLA)

Other (please list) _____

PLEASE COMPLETE

		Accredited Free	Herd Testing	Vaccination (of sale animals)	Date(s) of Vaccination(s)
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 Risk Level _____ (1-5)

Animals at Livery Yes/No _____ Date from / / to / / .

TB Date Last tested Clear _____ Testing Interval

1 Year 2 Years

3 Years 4 Years

Please tick

Vendor Declaration: I allow the Aberdeen-Angus Cattle Society to verify the details above with my CHeCS Health Scheme Provider.

Signed: _____ Print Name: _____ Date: _____

Disclaimer: The information above is supplied by the vendor and the Aberdeen-Angus Cattle Society is not responsible for the accuracy of the information contained herein.