



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

HERDSUR
E
(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)

TB DATE LAST TESTED CLEAR _____

TESTING

1 YEAR

2
YEARS

PLEASE TICK

3
YEARS

4
YEARS

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.