

**MULTI BREED PEDIGREE SALE OF HIGH HEALTH BULLS & FEMALES AT
MELTON MOWBRAY MARKET ON SATURDAY 23RD MARCH 2024
FEATURING THE LINCOLN RED PREMIER SPRING SALE**



Please return completed form(s), ALL relevant documentation, and Entry Fee of £30/ head (incl VAT) to:
FAO Sales, Melton Mowbray Market, Scalford Road, Melton Mowbray, Leicestershire, LE13 1JY

**Entry Fee £30/head (incl VAT) - Cheques to be made out to Melton Mowbray Market,
or BACS to: Sort code: 20-63-66 Account Number: 13632741**

ENTRIES CLOSE - Friday 16th February 2024

Name: _____ Prefix: _____

Address: _____

_____ Post Code: _____

Contact No.: _____ Email: _____

TB DECLARATION – indicate clearly Date of last clear test: _____ Testing Interval: 6 Month 1 Yr 4 Yr

HERD HEALTH STATUS (Please see attached Breed Society Health Declaration): CheCS Licensed Herd Health Scheme submit supporting Documents:

Disease	Accredited Free or Monitored	Whole Herd Testing	Animal forward tested	Vaccine Batch Number(s) & Date (If applicable)
BVD	CHeCS BVD Free Certificate Required			
IBR	YES / NO	YES / NO	YES / NO	
LEPTO	YES / NO	YES / NO	YES / NO	
NEOSPORA	YES / NO	YES / NO	YES / NO	
JOHNES	Supporting documents from CHeCS health scheme showing risk level required			
JOHNES RISK LEVEL (1-4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

PERSONAL DECLARATION:

I Hereby Certify the particulars given by me on this Entry Form/Health Declaration Form are correct to the best of my knowledge and belief. I agree to the sale of my animals subject to the Conditions of Entry in the Schedule and to the Auction Rules and Conditions of Sale drawn up by The NBA and the Auctioneers General Conditions of Sale and Sale Regulations of the respective Breed Society.

SIGNED: _____ **NAME:** _____ **DATE:** _____

*Please note if an animal has **Scurs** this information must be entered in the catalogue*

(Not applicable to Angus)

Additional entry forms can be downloaded off our website or contact the office.

Herd Book Number	Date of Birth	Sex	Scurs	Passport Number	Name of Animal	Sale only	Show & Sale	In calf/calf at foot

If in calf, please give following information:

Female's Herd Book Number	Service date AI/NS	Bull's Herd Book Number	Bull's Passport Number	Bull's Name	Due date (if known)

Please give details of calf (calves) being sold at foot:

	Herd Book Number (if registered)	Passport Number	Date of Birth	Sex	Dam's Herd Book Number	Sire's Herd Book Number
1						
2						
3						
4						

Aberdeen-Angus Herd Health Declaration



The Aberdeen-Angus Cattle Society takes preserving the Herd Health of members' herds very seriously. It is therefore of the utmost importance that ALL sections of the Herd Health Declaration Form are completed in full.

The Society reserves the right to exclude information on the Herd Health Declaration Form from show and sale catalogues if it is received incomplete or later than 28 days prior to the sale. In this scenario, the following wording will be used: "information on the health status was not available at time of print. Please refer to the pen card for up to date health status of the herd."

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)

		Accredited free	Herd testing	Vaccination (of sale animals)	Date of vaccination
BVD	Yes				/ /
	No				
IBR	Yes				/ /
	No				
LEPTO	Yes				/ /
	No				

Johne's Risk Level _____ (1-5) Animals at livery Yes No Date from ____/____/____ to ____/____/____

Tuberculosis (TB)

bTB (0-10)

Testing interval (please tick)

Date last tested clear ____/____/____

1 Year 2 Years 3 Years 4 Years Exempt

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

Signature

Printed 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.



The Beef Shorthorn Cattle Society
 Society Pavilion, Avenue M, Stoneleigh Park,
 Kenilworth, Warwickshire CV8 2RG, UK
 02477 103406 | info@beefshorthorn.org | www.beefshorthorn.org



Beef Shorthorn Cattle Society – Herd Health Declaration

Completion of this form is mandatory for all Beef Shorthorn Society sales and must be **returned with the entry form to the market** and also emailed to ellie@beefshorthorn.org at the Society office. This form confirms membership of an approved health scheme and will be validated by the appropriate health scheme. Consignors must have been a member of a CHeCS approved health scheme and be testing for Johnes **FOR A MINIMUM OF 12 MONTHS**. Failure to return this form **with the entry** will result in the animals being excluded from the sale.

Member name

Address	Post code			
CPH Holding no				
Herd Prefix	Membership no			
Sale date	Sale venue			
CHeCS member no.	Date joined			
Cattle health scheme (please tick)	SAC Premium Cattle Health Scheme []	HiHealth Herdcare (BioBest) []	AFBI Cattle Health Scheme []	Axiom []
	Other (please list)			

Please complete (delete as appropriate)

	Accredited free	Herd testing	Herd vaccinating	Vaccination of sale animals	Vaccination date
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 (tick as appropriate) 1 [] 2 [] 3 [] 4 [] 5 []

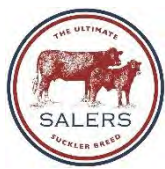
TB Date last clear Testing interval (please tick) **1 year** [] **2 years** []
 3 years [] **4 years** []

Vendor declaration

I allow the Beef Shorthorn 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. The Beef Shorthorn Cattle Society is not responsible for the accuracy of the information contained herein.



SALERS CATTLE SOCIETY OF THE UK

OFFICIAL SALE HERD HEALTH DECLARATION

HOLDING LETTER: HERD PREFIX:.....

NAME:.....

ADDRESS:

BOVINE TB

DATE HERD LAST TESTED CLEAR:	TESTING INTERVAL: <input type="checkbox"/> 1YEAR <input type="checkbox"/> 3YEARS <input type="checkbox"/> 2YEARS <input type="checkbox"/> 4 YEARS
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HEALTH SCHEME

PLEASE INDICATE WHICH HEALTH SCHEME YOU ARE A MEMBER OF

SAC Premium Cattle Health Scheme Biobest Hi Health Herdcare NML Herdwise

NWL Advance Cattle Health Scheme AFBI Cattle Health Scheme Other (please name).....

TICK WHICH DISEASES APPLY: JOHNES BVD IBR LEPTO

ALL VENDORS MUST COMPLETE THE FOLLOWING

	Accredited free (CHeCS members only)	<i>Herd Testing</i>	Vaccination of Sale Animals Only
BVD	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes Vaccine – Bovidec/Bovilis <small>(delete as applicable)</small>
IBR	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, since:	<input type="checkbox"/> Yes If Yes, name of Vaccine: <input type="checkbox"/> No
LEPTO	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, since:	<input type="checkbox"/> Yes If Yes, name of Vaccine: <input type="checkbox"/> No
JOHNES	Risk Level (Consult your health scheme) Risk Level 1 <input type="checkbox"/> Accredited Risk Level 2 <input type="checkbox"/> Risk Level 3 <input type="checkbox"/> Risk Level 4 <input type="checkbox"/>	Number of Consecutive Years Monitored Clear (Consult your Health Scheme) <input style="width: 30px; height: 20px;" type="text"/> Years	<input type="checkbox"/> Yes If Yes, name of Vaccine: <input type="checkbox"/> No

VENDOR DECLARATION:

I certify that the above information is correct at date of entry. The animal/s have been individually screened for BVD virus,

to identify PI's (only applicable if not BVD Accredited) and my herd is Johnes monitored risk level 1-4.

I attach a copy of veterinary certificate results.

All sale animals entered are BVD vaccinated and from a Johnes monitored herd risk level 1-4.

I allow the Breed Society/Auctioneer to verify the details above with my CheCHS Health Scheme Provider if applicable:

Signed: _____ Name: _____ Date: _____

Disclaimer: The above information is supplied by the vendor and the Auctioneer/Breed Society is not responsible for the accuracy of this information. Failure to complete and return this declaration with the entries may result in the animals not being accepted for the sale.

NB: ALL CATTLE ENTERED AND PRESENTED FOR SOCIETY SALES MUST BE FROM VENDORS WHO ARE MEMBERS OF A CheCS HEALTH SCHEME, AND WHO COMPLY WITH THE CURRENT SOCIETY RULING FOR BVD FREE SALES, HAVE ESTABLISHED THEIR JOHNES HERD STATUS AND ARE ACTIVELY MONITORING AND CULLING DISEASED ANIMALS FROM THE HERD

OFFICIAL SALE HERD HEALTH DECLARATION



VENUE/SALE DATE:			
HOLDING NUMBER:		HERD PREFIX:	
NAME:			
ADDRESS:			

DATE HERD LAST TESTED CLEAR OF TB:	TESTING INTERVAL:	PLEASE TICK
/ /	6M <input type="checkbox"/> 1 Year <input type="checkbox"/> 4 Year	EXEMPT <input type="checkbox"/>

FOR ALL SOCIETY SALES, VENDORS MUST BE A MEMBER OF A CHECS LICENSED HERD HEALTH SCHEME		
PLEASE INDICATE:	SAC Premium Cattle Health Scheme Hihealth/Biobest	AFBI Cattle Health Scheme Other

HERD HEALTH STATUS				
	Accredited Free?	Vaccinated MonitoredFree?	Herd testing	Vaccination
BVD	Yes <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> Show animals only <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Vaccine Name:
IBR	Yes <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> Show animals only <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Vaccine Name: Active <input type="checkbox"/> Inactive <input type="checkbox"/>
LEPTO	Yes <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> Show animals only <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Vaccine Name:
JOHNES	RISK LEVEL (1-5) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			SINCE (YEAR):
ADDITIONAL INFORMATION:				

COMPULSORY SALE VACCINATIONS:		DATE 1	DATE 2	VACCINE NAME	LAB REPORT ATTACHED
BVD	MALE				<input type="checkbox"/>
	FEMALE				<input type="checkbox"/>

By ticking this box, I agree that the British Simmental Cattle Society Ltd may take a hair DNA sample from any animals forward. A randomselection of these will be processed to confirm Sire Verification. All samples will be retained.

Ticking this box certifies that the above information is correct as at date of entry. Animals have been individually screened for BVD virus (if the herd is not BVD accredited) and a copy of the lab results attached. All animals are BVD vaccinated.

Disclaimer: The health information above is supplied by, or on behalf of, the breeder. Responsibility for the accuracy of the information rests solely with the breeder and not with the British Simmental Cattle Society Ltd. The British Simmental Cattle Society and the auctioneer reserves the right to contact the CheCS scheme of which you are a member to check the accuracy of the information provided.

SIGNED:		NAME:		DATE:	
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BRITISH BLONDE CATTLE SOCIETY

OFFICIAL SALE HERD HEALTH DECLARATION



SALE LOCATION:		DATE:	
HOLDING NUMBER:			
HERD PEFIX:			
NAME:			
ADDRESS:			

BOVINE TB

DATE HERD LAST TESTED CLEAR:				
TESTING INTERVAL (please tick): <i>If TB Exempt you must include a copy of your APHA Letter to confirm this.</i>	6 Months		3 Year	
	1 Year		4 Year	
	2 Year		Exempt	
	6 Months		3 Year	

CHECS HEALTH SCHEME MEMBERSHIP	Please tick and add Membership No.
Hi Health Herdcare Cattle Health Scheme (Hi Health Ltd, Biobest Herdcare etc.)	<input type="checkbox"/> _____
Premium Cattle Health Scheme (PCHS, SRUC, SAC)	<input type="checkbox"/> _____
AFBI Cattle Health Scheme	<input type="checkbox"/> _____
Herdshire (VLA)	<input type="checkbox"/> _____
Not in a Health Scheme	<input type="checkbox"/> _____
Other (please specify):	

ALL VENDORS, WHETHER IN CHECS SCHEMES OR PRIVATELY TESTING, SHOULD COMPLETE THE FOLLOWING:

	ACCREDITED FREE HERD <i>(CHECS MEMBERS ONLY)</i>	MONITORED FREE HERD	HERD TESTING	SALE ANIMAL/S TESTED NEGATIVE FOR	VACCINATION OF SALE ANIMALS	NAME OF VACCINE GIVEN & DATE(S) OF VACCINATION
BVD	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Please tick to indicate if vaccine used was Single: <input type="checkbox"/> Double: <input type="checkbox"/>	BVD Antigen Test is compulsory if not 'Accredited Free' Vaccine used: _____ Vaccine 1 st Date: _____ Vaccine 2 nd Date: _____
IBR	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Please tick to indicate if vaccine used was Single: <input type="checkbox"/> Double: <input type="checkbox"/>	Vaccine used: _____ Vaccine 1 st Date: _____ Vaccine 2 nd Date: _____ Specify whether IBR Marker Vaccine: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
LEPTO	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Please tick to indicate if vaccine used was Single: <input type="checkbox"/> Double: <input type="checkbox"/>	Vaccine used: _____ Vaccine 1 st Date: _____ Vaccine 2 nd Date: _____

JOHNES RISK LEVEL:	Level 1: <input type="checkbox"/> Level 2: <input type="checkbox"/> Level 3: <input type="checkbox"/> Level 4: <input type="checkbox"/> Level 5: <input type="checkbox"/>
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Additional Info:	
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Vendor Declaration:	I certify that the above information is correct as at date of entry and permit the Society 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 Blonde Cattle Society.
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NAME:	SIGNED:	DATE:	
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British Blonde Cattle Society Sales

Herd Health Entry Requirements



- ✓ Herds selling at Society Sales have to be members of a CHCS approved Herd Health Scheme through either Biobest Herdcare, SAC Premium Cattle Health Scheme, HI Health, Advance Cattle Health Scheme, NML Herdwise or the AFBI Cattle Health Scheme. The Society does not require your whole herd to be tested, just the animals you have entered for sale.

- ✓ All animals male and female, including calves at foot, presented at Society Sales be EITHER from a BVD Accredited Herd within a CHCS approved Herd Health Scheme OR to have been BVD tested virus free.

Any animals testing positive for the BVD virus cannot be entered and presented for sale.

If you have used the tissue tags to sample test for BVD and the animal is not a PI, then you don't need to test again.

All animals that do not meet the above requirements cannot be presented for sale.

- ✓ A copy of all Vet certificates for each of the above tests must be available to the Society on request.
- ✓ All vendors give the Society/Auctioneers the right to verify all health data supplied with the vendors Health Scheme provider.
- ✓ The Society reserves the right to conduct random blood tests on any animal entered for sale, for illicit substances.



LINCOLN RED CATTLE SOCIETY

RULES FOR OFFICIAL SOCIETY SALES.

ELIGIBILITY

Animals forward must be Registered, Polled and conform to the Breed Standards in Volume 123 Herd Book. Bulls must be entered in the Main Section of the Herd Book and they must be Homozygous Polled if entered in Official Society Sales. Females must be a minimum of "BDBP" Registered Lincoln Red. Provided cattle comply with the above they are eligible for entry in the following categories:-

BULLS

- Born between 23 August 2021 and 23 February 2023 (min 13 months/max 2 years and 7 months on Sale Day).
- All bulls must be shown, have a nose ring and be haltered.
- Vendors are advised to have record of weights at birth, 200 days, 400 days and a check weight. Other EBV information may be entered in the catalogue.
- Bulls to comply with NBA warranty conditions and all bulls must be fertility tested and/or be insured against infertility.
- Bulls must be: Sire Verified; SNPs Profiled; Polled & Myostatin Status Tested in time for entry into the Sale Catalogue.
- All bulls forward will be inspected on the sale premises by a qualified Veterinary Surgeon.
 - **All Bulls to arrive on Friday 22nd March 2024 in time for Inspection.** Bull Inspections will be carried out between **4pm & 7pm on Friday 22nd March 2024**
 - Checks to be done on testicles; locomotion; teeth & eyes and weights will be recorded at time of inspection.

FEMALES

- Adult owner bred stock with calf at foot and/or in calf, in-calf heifers, maiden heifers and non-homebred females.
- In-calf stock to be guaranteed 'in-calf' in accordance with NBA rules.
- Animals in calf or with calves at foot must comply with legislation regarding transportation of pregnant and young stock. Those in the last 10% of their expected gestation period and those which have calved within 7 days of the sale should not be entered/forward.
- Heifers, maiden or in-calf, may be entered for **Show & Sale** or **Sale only**.
- Show Classes will be determined by numbers entered and stock for show **must** be haltered.
- Vendors may enter ONE Pen of TWO Heifers for the "Best Pair of Heifers" entered in the **Sale only**.
- Females forward may be inspected prior to sale by a qualified Veterinary Surgeon on Friday 22nd March 2024; this decision will be at the discretion of the Auctioneer/Chief Steward.

HEALTH

- **Vendors must be in a CHeCS approved health scheme for Johnes and Accredited Free of BVD and must provide appropriate Certificate from their Health Scheme provider.** Details will be listed in the catalogue. Members must apply to their Health Scheme Provider for an animal health declaration card prior to the sale and send a copy to the Office.
- Animals forward at Society sales must be from herds which are also accredited negative for **Infectious Bovine Rhinotracheitis (IBR)** and **Leptospirosis (or Herd Monitored free regarding Lepto)**, or be individually tested free of these diseases not more than 3 months prior to sale. **Accreditation certificates or test results to be submitted prior to Sale date.**

HEALTH continued ...

- **BVD** - Where vaccines are used this **must** be declared.
- **IBR** – When vaccinating for IBR, Marker Vaccine **must** be used.
- **Leptospirosis** – When using Lepto Vaccines this **must** be post clear test.
- **ALL VACCINATION DETAILS MUST BE GIVEN ON THE HEALTH DECLARATION FORM.**
- **Johnes** - Vendors **must** have a risk level for **Johnes** for the current year with annual testing in place with a CHeCS approved Scheme. Indicate risk level on the Health Declaration form and include supporting documentation.
- **Neospora** – it is strongly recommended that females should be screened for Neospora.
- **Frequency of TB testing and date of last clear test must be declared on the entry form. ALL ANIMALS in the Sale must be pre-movement tested within 60 Days of the Sale**
- All animals must be free from any contagious disease such as warts, ringworm, lice and mange. Where animals still exhibit signs following treatment a veterinary certificate is required.

BREED STANDARDS & PRESENTATION

- All animals entered **must** comply with the Breed Standards as outlined in Volume 123 Herd Book.
- Show animals should be properly halter trained.
- It is in the interests of vendors to ensure animals forward are presented in **clean condition and to their best advantage.**
- **Any animals lacking size and condition will be put at the end of the Sale.**
- Animals not in compliance will be referred to the **Chief Steward/Auctioneer** who will take appropriate action.

ORDER OF SALE

- Catalogue order.
- Bulls and Show females to be sold through the ring on halter. Other females may be sold on halter at the vendor's discretion.

VENDORS RESPONSIBILITY

- **Vendors will remain fully responsible for the care and welfare of their animals up to the point of sale and must make adequate arrangements if they cannot be present at the Sale.**
- Cattle can be penned from 9:00am on Friday 22nd March 2024 onwards: All Bulls to arrive on Friday 22nd March in time for Veterinary Inspection and all females are to be penned by 7:30am on Saturday 23rd March 2024.
- Details of stock and information provided are the sole responsibility of the Vendor and not the Lincoln Red Cattle Society.
- Vendors must comply with all legislation regarding **movement** and welfare of animals.



LINCOLN RED CATTLE SOCIETY

23RD MARCH 2024

Please return **ALL** relevant documentation and Entry Fee £30 /Adult Animal (incl VAT) –
 this fee also covers cost of straw - TO: sales@meltonmowbraymarket.co.uk or
 Pedigree Sales, Melton Mowbray Market, Scalford Road, Melton Mowbray, Leicestershire,
 LE13 1JY, **NO LATER THAN 16TH February 2024**

Name: _____	Prefix: _____
Address: _____	
Post Code: _____	
Contact No.: _____	Email: _____

TB DECLARATION – ALL ANIMALS in the Sale must be pre-movement tested within 60 Days of the Sale	
Date Herd last tested clear: _____	Testing Interval: 1 Yr <input type="checkbox"/> 4 Yr <input type="checkbox"/>

HERD HEALTH STATUS: CHeCS Licensed Herd Health Scheme :

Supporting Certificates & documents REQUIRED

Disease	Accredited Free or Monitored	Whole Herd Testing	Animal forward tested	Vaccine Batch Number(s) & Date if applicable
BVD	CHeCS BVD Free Certificate Required			
IBR	YES / NO	YES / NO	YES / NO	
LEPTO	YES / NO	YES / NO	YES / NO	
NEOSPORA	YES / NO	YES / NO	YES / NO	
JOHNES	Supporting documents from CHeCS Health Scheme showing Risk Level Required			N/A
JOHNES RISK LEVEL (1-4) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				

PERSONAL DECLARATION:

I Hereby Certify the particulars given by me on this Entry Form/Health Declaration Form are correct to the best of my knowledge and belief. I agree to the sale of my animals subject to the Conditions of Entry in the Schedule and to the Auction Rules and Conditions of Sale drawn up by The NBA and the Auctioneers General Conditions of Sale and Sale Regulations of the LINCOLN RED CATTLE SOCIETY.

SIGNED: _____ **NAME:** _____ **DATE:** _____



LRCS PREMIER PEDIGREE SPRING SHOW & SALE 23/03/24:

Please note if an animal has Scurs this information must be entered in the catalogue

More entry forms can be downloaded off our website or contact the office.

Herd Book Number	Date of Birth	Sex	Scurs	Passport Number	Name of Animal	Sale only	Show & Sale	In calf /calf at foot

If in calf please give following information:

Female's Herd Book Number	Service date AI/NS	Bull's Herd Book Number	Bull's Passport Number	Bull's Name	Due date (if known)

Please give details of calf (calves) being sold at foot:

Herd Book Number (if registered)	Passport Number	Date of Birth	Sex	Dam's Herd Book Number	Sire's Herd Book Number



British Blue Cattle Society

Official Sale Herd Health Declaration

HOLDING (CPH NUMBER): _____ HERD PREFIX: _____

NAME: _____ TELEPHONE NO: _____

ADDRESS: _____

SALE DATE: _____

BOVINE TB	
DATE HERD LAST TESTED CLEAR: _____	TESTING INTERVAL <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEARS <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 4 YEARS

HEALTH SCHEME	
PLEASE INDICATE WHICH HEALTH SCHEME YOU ARE A MEMBER OF	
<input type="checkbox"/> SAC Premium Cattle Health Scheme	<input type="checkbox"/> Biobest HI Health Herdcare <input type="checkbox"/> NML Herdwise
<input type="checkbox"/> NWL Advance Cattle Health Scheme	<input type="checkbox"/> AFBI Cattle Health Scheme
<input type="checkbox"/> Other (please name).....	
TICK WHICH DISEASES APPLY: <input type="checkbox"/> JOHNES <input type="checkbox"/> BVD <input type="checkbox"/> IBR <input type="checkbox"/> LEPTO	

ALL VENDORS MUST COMPLETE THE FOLLOWING			
	Accredited free (CHeCS members only)	Herd Testing	Vaccination of Sale Animals only
BVD	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since: _____	<input type="checkbox"/> Yes Vaccine – Bovidec/Bovillis (Delete as applicable)
IBR	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since: _____	<input type="checkbox"/> Yes If yes, name of <input type="checkbox"/> No Vaccine:
LEPTO	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since: _____	<input type="checkbox"/> Yes If yes, name of <input type="checkbox"/> No Vaccine:
JOHNES	Risk Level (Consult your Health Scheme) Risk Level 1 <input type="checkbox"/> Accredited Risk Level 2 <input type="checkbox"/> Risk Level 3 <input type="checkbox"/> Risk Level 4 <input type="checkbox"/> Risk Level 5 <input type="checkbox"/>	Number of Consecutive Years Monitored Clear (Consult your Health Scheme) <input style="width: 40px; height: 20px;" type="text"/> Years	<input type="checkbox"/> Yes If yes, name of <input type="checkbox"/> No Vaccine:

Vendor Declaration:

I certify that the above information is correct at date of entry. The animal/s have been individually screened for BVD virus, to identify PI's (only applicable if not BVD Accredited) and blood/PCR tested for Johnes (not applicable if Risk Level 1 (Accredited) or under 12 months) and were tested negative for both BVD and Johnes. A copy of the blood test results, are available on request. All sale animals entered are BVD vaccinated. I allow the Breed Society/Auctioneer to verify the details above with my CHeCS Health Scheme Provider, if applicable.

Signed: _____ Name: _____ Date: _____

The British Blue Cattle Society, Holme House, Dale, Ainstable, Carlisle CA4 9RH Tel: 01768 870522

Disclaimer: The above information is supplied by the vendor and the Auctioneer/Breed Society is not responsible for the accuracy of this information