

SOUTH DEVON HERD BOOK SOCIETY SALE HERD HEALTH DECLARATION

EXETER LIVESTOCK CENTRE, WEDNESDAY 3 RD APRIL 2024				
		BC	OVINE TB	
DATE HERD LA	AST TESTED CLEAR:		TERVAL (YEARS):	
Who is your (CHeCS provider*?			
The following a	are CHeCS controlled	schemes: Hi Health He	erdcare; Premium Cati	tle Health Scheme
	CHeCS Accredited	Herd Testing	Animal Tested	Vaccination of sale anima
	Yes/No	Yes/No	Yes/No	Dates of vaccination:
BVD	If yes, since:	If yes, since (date):	If yes, date:	1 2 (if applicable) Name of vaccine: Batch No:
	Yes/No	Yes/No	Yes/No	Yes/No
IBR	If yes, since:	If yes, since:	If yes, date:	If yes, date of vaccination:
				Name of vaccine:
	Yes/No	Yes/No	Yes/No	Yes/No
LEPTO	If yes, since:	If yes, since:	If yes, date:	If yes, date of vaccination:
				Name of vaccine:
JOHNES	Risk Level 1 to 5:	Testing since (date):		
NEOSPORA	Risk Level 1 to 4:	Testing since (date):	(if female, including dam): Yes/No	
sted negative in the state of t	for BVD antigen (only course at least one n its dam have never be	applicable if not BVD nonth prior to the Sale	CHeCS accredited), and date (at least one money of the common of the com	al/s has/have been individu d all animals have complete onth prior to service if fema nission to the SDHBS to requ
gned:				
me:			Date:	

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