



THE BRITISH SIMMENTAL CATTLE SOCIETY LTD

OFFICIAL SALE HERD HEALTH DECLARATION

HOLDING NUMBER: _____ HERD PREFIX _____

NAME: _____

ADDRESS: _____

SALE VENUE / DATE: _____

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

FOR ALL SOCIETY SALES VENDORS MUST BE A MEMBER OF A CHcS LICENSED HERD HEALTH SCHEME

PLEASE INDICATE ☐ SAC Premium Cattle Health Scheme ☐ Hihealth Herdcare ☐ NML Herdwise
☐ Jersey Island Genetics ☐ AFBI Cattle Health Scheme ☐ Herdsure ☐ Advanced Cattle Health Scheme
☐ Shetland Animal Health Scheme

<u>Herd Health Status</u> Please complete the following:			
	Accredited free	Herd Testing	Vaccination
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"/> Male <input type="checkbox"/> Female
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 <input type="checkbox"/> Male If yes, since: <input type="checkbox"/> No <input type="checkbox"/> Female If yes name of 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 <input type="checkbox"/> Male If yes, since: <input type="checkbox"/> No <input type="checkbox"/> Female If yes name of vaccine:
JOHNES	<input type="checkbox"/> Yes <input type="checkbox"/> Monitored <input type="checkbox"/> No If yes, since:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since:	

<u>Compulsory BVD vaccination dates for sale animals:</u>	Male	<input type="text"/>	<input type="text"/>
	Female	<input type="text"/>	<input type="text"/>

Declaration:

I certify that the above information is correct as at date of entry

Signed: _____ Name: _____ Date: _____

The British Simmental Cattle Society Ltd, Avenue M, Stoneleigh Park, Kenilworth, Warwickshire CV8 2LG Tel: 02476 696513

Disclaimer: The health information above is supplied by, or on behalf of the breeder.

The 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 reserves the right to contact the CHcS scheme of which you are a member to check the accuracy of the information provided.

ENTRY FORM - MALES

BRISTOL SALE CENTRE – SATURDAY 10TH MAY 2014

CLOSING DATE: FRIDAY 4TH APRIL 2014

***PLEASE NOTE: - BULLS NEED TO BE IN THE HIGH HEALTH SCHEME AND DNA SIRE VERIFIED PRIOR TO CATALOGUING**

(Fees as per Society Rules)

Vendor Details

Name:

Address:

.....

.....

Tel/Mobile: **Fax:**

Herd Prefix: **Class No:**

Animal Details

Prefix: **Animal Name:**

Herd Book No: **Date of Birth:**

Single/Twin to Male/Twin to Female (please delete) UK Tag No:

Bull Semen	a) has any semen been taken and store/sold?	Yes / No

b) If yes is all such semen to be	1) Retained	Yes / No
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1) Retained	Yes / No
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2) Sold with bull **Yes / No**

Additional Information - Notes must be factual/relevant information. No more than 30 words printed at discretion of auctioneers. Please include details of Health Schemes.

TB Declaration: I confirm that animals which require testing have been/or will be tested within 60 days of the sale day. Where applicable I will supply a copy of the test TB52A Form

Signed

**An Entry Fee of £30.00 (£25 + £5.00 VAT) per animal and the relevant Pedigree Certificates must be forwarded to:-
Richard Turner, Stags, 19 Bampton Street, Tiverton, Devon, EX16 6AA**

ENTRY FORM - FEMALES

BRISTOL SALE CENTRE – SATURDAY 10TH MAY 2014

CLOSING DATE: FRIDAY 4TH APRIL 2014

ALL FEMALES NEED TO BE IN THE HIGH HEALTH SCHEME

Vendor Details

Name:

Address:

Tel/Mobile: Fax:

Herd Prefix: Class No:

Animal Details

Prefix: Animal Name:

Herd Book No: Date of Birth:

Single/Twin to Male/Twin to Female (*please delete*) UK Tag No:

Service Details: Date of Service:

or ran from: to:

Service Bull: Herd Book No:

Details of Calf to be sold at Foot

Name: Herd Book No:

UK Tag No: Date of Birth: Sex: M / F

Sire Name: Herd Book No:

Details of Progeny

Date of Calving	Sex of Calf	Details of Disposal
1	M / F
2	M / F
3	M / F
4	M / F
5	M / F

Embryo Transplant – Has the animal been flushed Yes / No. Please give details.

Additional Information – Notes must be factual/relevant information. No more than 30 words printed at discretion of auctioneers. Please include details of Health Schemes.

TB Declaration: I confirm that animals which require testing have been/or will be tested within 60 days of the sale day. Where applicable I will supply a copy of the test TB52A Form

Signed

An Entry Fee of £30.00 (£25.00 + £5.00 VAT) per animal and the relevant
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