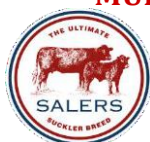


**MULTI BREED PEDIGREE SALE OF HIGH HEALTH BULLS & FEMALES AT MELTON
MOWBRAY MARKET ON SATURDAY 26TH MARCH 2022
FEATURING THE LINCOLN RED PREMIER SPRING SALE**



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

NO LATER THAN Friday 18th February 2022

Name: _____ Prefix: _____	
Address: _____	
_____	Post Code: _____
Contact No.: _____	Email: _____
TB DECLARATION – indicate clearly Date of last clear test: _____ Testing Interval: 6 Month <input type="checkbox"/> 1 Yr <input type="checkbox"/> 4 Yr <input type="checkbox"/>	

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 Lincoln Red Cattle Society.

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

Entry Fee Cheques to be made out to Melton Mowbray Market, or BACS to Sort code: 20-63-66 Acc Number:13632741

*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.



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

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)	<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	<i>Risk Level (Consult your health scheme)</i> 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) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 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 ChECS 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