



FOR VSD USE ONLY

VSD Ref No: Date Received: Initials:

HERD HEALTH SCHEME SUBMISSION FORM 3 TESTING FOR INDIVIDUAL ANIMAL HEALTH CERTIFICATE FOR SALES

Case Vet:	Client's Name and Address:					
Vet Practice: Address:	HERD No:					
Tel: Fax:	Postcode: Enterprise No:					
PLEASE COMPLETE INDIVIDUAL ANIMA	AL/TEST DETAILS OVERLEAF					
Are you a member of the AFBI Cattle Health Scheme? Yes No						
Are you a member of any other CHeCS-certified health scheme? Yes No						
If yes, give details:						
Does your herd hold disease-free status for BVDV, IBRV, Lepto, Johnes or Neospora? Yes \square No \square						
If yes, give details:						
Tick boxes for any vaccinations: BVD \Box IBR \Box (Conventional \Box or marker \Box) Lepto \Box (If vaccines used, give vaccination details overleaf)						
Name of sale for which certificate(s) required:						
Date of sale for which certificate(s) required:						
Note: (i) to be valid for an individual animal health certificate, samples must be collected and tested within 3 months of the sale for which the certificate is issued. (ii) samples must be submitted at least 10 working days before the sale date (iii) additional charges may be applied if samples are received less than 2 weeks prior to sale date, as separate testing may have to be scheduled. Date of last TB test:						
Are any animals under restriction for TB? Yes No						

Animal Identification, Sample Number and Tests Required

Testing for BVD, IBR and Lepto antibody and BVD antigen must be carried out for certification, unless indicated that an animal has had a negative BVD ear notch test, or for any disease that the herd is specifically accredited for. All animal details should be CLEARLY printed on the submission form as any details not included on the form WILL NOT appear on the certificate. If certificates have to be re-issued this will incur a further charge.

General Information					Test Required* Serum (clotted blood)				Vaccination details If yes, Name & date of last vaccination				
Tu	be ^{No}	Tag No	Age/ DOB	Breed	Sex M/F/B	Name	BVD Ab	BVD Virus	IBR Ab**	Lepto Ab	BVD	IBR	Lepto
							√ *	√ *	√ *	√ *			
2													
3													
4													
5													
6													
7													
8													
9													
0													

^{*}Test results are required for all of these tests for diseases for which the herd does not have accredited free status. Note that Johne's disease is a herd level test and individual animal results are not shown on certificates.

Submit samples to: Cattle Health Scheme, Veterinary Sciences Division, Stoney Road, Stormont, Belfast BT4 3SD.

Comments		

^{**(}Lab use- if IBR marker vaccine used schedule gE ELISA)

^{***} Please indicate if the animal has had a negative ear notch test.

Further information regarding animals for sale:

i)	Are any animals to be sold with calves at foot? Yes No If so please specify
ii)	Are any animals to be sold in calf? If so please specify Yes No
	Please note that the status of the tested animal does not apply to the offspring.
iii)	Will the tested animals be held at other premises, other than the owner's, prior to the sale? Yes No Please note that if the animal is to be held in a non-CHeCS accredited livery prior to the sale, the herd disease status will not appear on the salecard.
Signed:	MRCVS Date: