**HADDINGTON SHOW**

**Saturday 29th June 2019**

**PEDIGREE HERD HEALTH DECLARATION**

|  |  |
| --- | --- |
| Name |  |
| Address & Post Code |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MEMBER OF A CHeCS CONTROLLED HEALTH SCHEME | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TB Date Herd Last Tested Clear | | | |  |
| Testing Interval | 1 year | 2 years | 3 years | 4 years |

**HERD HEALTH STATUS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Accredited Free** | | **Herd Testing** | | **Vaccination** | |
| **BVD** | Yes/No |  | Yes/No |  | Yes | Compulsory |
|  | If Yes Since: |  | If Yes Since: |  | Date of Vaccination |  |
|  |  |  |  |  |  |  |
| **IBR** | Yes |  | Yes |  | Yes/No |  |
|  | No |  | No |  | Date of Vaccination |  |
|  |  |  |  |  |  |  |
| **LEPTO** | Yes |  | Yes |  | Yes/No |  |
|  | No |  | No |  | Date of Vaccination |  |
|  |  |  |  |  |  |  |
| **JOHNE’S** | Yes |  | Yes |  | Yes/No |  |
|  | No |  | No |  | Date of Vaccination |  |
|  | Level of Risk 1-5 |  |  |  |  |  |

Data Protection: The detail you have supplied will be used for processing your entry and for mailing you with other information from UELAS and will never be passed to a third party.

**DECLARATION - I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AT DATE OF ENTRY.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Name:** |  |
| **Date** |  | | |