



HADDINGTON SHOW **Saturday 29th June 2019**

PEDIGREE HERD HEALTH DECLARATION

Name	
Address & Post Code	

MEMBER OF A CHcS CONTROLLED HEALTH SCHEME	Yes		No	
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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			