



J36 Tel: 015395 66200

**Great Annual Sale of Cows/Hfrs with Calves,
In Calf Cattle, Bulling Heifers & Breeding Bulls**

BREEDING BULLS ENTRY FORM

Thursday 7th June 2018 (entries close Wednesday 30th May)



Breed	Ear Tag No	D.O.B	Pedigree YES/NO	Pedigree Registered Name	Sire	Comments for Catalogue

**** ACCREDITATIONS AND HEALTH STATUS DETAILS ON REVERSE. PLEASE ENSURE ALL SECTIONS OF THIS FORM ARE COMPLETED ****

Trading Name

Address

.....

Postcode.....

Telephone/Mobile No.....

BOVINE T.B. Animals over 42 days old and from a 1 year test holding must have been tested negative within the previous 60 days of the sale and a copy of the relevant test certificate must be provided

If the 1 year testing period applies please state how many days remain on test

DATE OF INJECTION

Days that remain on test?	T.B. Status 1yr / 4yr

Name & Telephone No. of Vets

Date of Last Routine Herd Test/...../.....

If the herd has ever had a TB Breakdown, what date was the herd official TB Free/...../.....

	Accredited Free (CHeCS members only)	Herd Testing	Vaccinating
BVD	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:
IBR	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:
LEPTO	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:
JOHNES	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, since:

Health Scheme: YES / NO

If yes details of Health Scheme

.....

**ALL FARM ASSURANCE SECTIONS MUST BE COMPLETED ON THIS FORM
OR WE CANNOT MARK YOUR ANIMALS AS
FARM ASSURED**

1. Place your Farm Assurance sticker in the space provided on the front page
2. State as applicable Yes or No in the Farm Assured column for each individual listed on this form (although you may be farm assured each animal is not necessarily classed as Farm Assured unless it has met with the criteria of the respective schemes) Failure to indicate to us the status of each animal will result in the animal being classed as Non Farm Assured.

NB. It remains the responsibility of the vendor to provide true and complete details regarding Farm Assurance.

In the case of any details being incomplete or incorrect the purchaser of the lot(s) may, at their discretion lodge a claim, in which case the **vendor will be liable for all costs incurred.**

I hereby declare that I am the owner/keeper of the animal(s) listed on this form and that to the best of my knowledge the particulars shown on the form are true & correct.

I further declare that the auction lot numbers are correctly matched with ear tag numbers & that any passports relating to these numbers are correctly matched. Also that the Farm Assurance status, membership numbers & expiry dates are correct

I certify that all the information given on this form is correct to the best of my knowledge

Signed **Date**
(Owner/Keeper)