**Please refer to our website for current prices**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SELLER** | | | **VETERINARY PRACTICE** | | |
| Name |  | | Name |  | |
| Address |  | | Address |  | |
| Tel: |  | | Tel: |  | |
| CPH |  | |  | | |
| **Location Of Sale** | |  | | **Date Of Sale** |  |

**Are you a member of the Premium Cattle Health Scheme? YES / NO**

**Are the animals at livery prior to the sale? YES / NO**

**WHERE ANIMALS ARE AT LIVERY, THE HERD STATUS OF THE HERD OF ORIGIN WILL NOT BE PRESENTED ON THE PEN CARD UNLESS THE ANIMALS ARE MAINTAINED IN ISOLATION AT LIVERY (signature required)**

**I confirm that the animals are in Isolation when at Livery**

**Signed by Vet:** …………………………………………………………………………………………………………………………………………………………

**Print Name:** ……………………………………………………………………………………………………………………………………………………………..

**If animal(s) are not from a BVD Accredited herd, BVD antibody and BVD Ag (virus) testing is required. Pregnant females that test positive for antibodies to BVD will not be given pen cards unless the animal was known to be antibody positive or fully vaccinated prior to service.**

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| --- | --- | --- | --- | --- |
| **TB Status**  **Frequency of herd testing (years):** …………………. | **Date of last herd test:**  ………………….. | **Result**  …………….. | **Date of last individual test:**  ………………….. | **Result**  …………………….. |

**Please note if your pen card application is received within 1 week of the sale, we may not be able to produce your card(s) in time. We also reserve the right to charge a late application fee.**

**Owner Declaration:** I confirm thatthe information provided is, to the best of my knowledge, correct.

**Signature**: …………………………………… **Name**: ………………………………… **Date**: …………….

**Please return this form to: SRUC Veterinary Services, Greycrook, St Boswells, TD6 0EQ Tel: 01835 822456 Email:** [**healthschemes@sruc.ac.uk**](mailto:healthschemes@sruc.ac.uk)

**Submission Form for Blood Tests for Sale Animals**

BEFORE SUBMITTING SAMPLES, PLEASE CHECK WITH YOUR BREED SOCIETY FOR ANY TESTING THEY MAY REQUIRE

**NO RESULT(S) MORE THAN 3 MONTHS OLD CAN BE USED** except for BVD Ag (virus)

Date Bloods Submitted: ………………………… Date of Sale: …………………………

**BVD Ab**

**Lepto**

**IBR**

**BVD Ag** (virus)

**IBR gE**

(for marker vaccinated

animals)

|  |  |  |  |  |  |  |
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|  | **Tick which test(s) are required** | | | | | |
| **Animal ID** | **Tube No.** |  |  |  |  |  |
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**In calf (IC) or calf at foot (CAF)**

**Homebred (Y/N)**

**Sex (M/F)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Animal Details** | | | | | | | | | | | | | | |
|  | | | | | | **Vaccine Dates: enter date vaccine given** | | | | | | | | |
| **Ear Number** | **Name** | **Breed** |  |  |  | Vacc 1  **BVD** | Vacc 2  **BVD** | Booster  **BVD** | Vacc 1  **IBR** | Vacc 2  **IBR** | Booster  **IBR** | Vacc 1  **Lepto** | Vacc 2  **Lepto** | Booster  **Lepto** |
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**Names of Vaccine(s) used:**

BVD: **Bovidec / Bovilis / Bovela** (delete as appropriate)

IBR: ……………………………………………………………….. Lepto: ………………………………………………………………..