



Patron: Her Majesty The Queen

HIGHLAND CATTLE SOCIETY

Stirling Agricultural Centre, Stirling, FK9 4RN

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Email: info@highlandcattlesociety.com

www.highlandcattlesociety.com

HIGHLAND CATTLE SOCIETY SHOW & SALE ENTRY FORM ENTRY DEADLINE 16th AUGUST 2019

PLEASE NOTE ENTRIES RECEIVED AFTER THE DEADLINE WILL NOT BE ACCEPTED
PLEASE NOTE ENTRIES THAT ARE NOT COMPLETE/CORRECT WILL BE RETURNED FOR AMENDMENT AND IF RECEIVED BACK
INTO THE OFFICE BEYOND CLOSING DATE WILL BE EXCLUDED

ALL COPIES OF HEALTH TEST RESULTS MUST BE RETURNED TO OFFICE BY 1st OCTOBER 2019

SALE NAME:	
SALE DATE:	
VENDORS NAME:	
CONTACT NAME: (IF DIFFERENT TO THE ABOVE)	
FOLD NAME:	
ADDRESS:	
POSTCODE:	
TELEPHONE NO:	
EMAIL ADDRESS: (This is really important to allow for the proof reading of the catalogue)	

I hereby declare that the animals detailed on the attached entry form(s) are to be entered for the above sale. I have a total of(enter no. of entries) and I enclose a completed health declaration form. I have read and understood the terms set out in the sales regulations. I will forward a copy of my current Health Certificate or individual animal test results to the Highland Cattle Society by 1 October 2019. I can confirm that all animals have been quarantined 28 days prior to testing and all pre-movement TB tests have been done and the results are available at the market.

Signature

Print..... Date

Disclaimer: The information contain on these entry forms is supplied by the vendor and the Auctioneer / Breed Society is not responsible for the accuracy of this information.

Please return this completed form and health declaration to:

Highland Cattle Society, Stirling Agricultural Centre, Stirling, FK9 4RN E: info@highlandcattlesociety.com

Section Number Being Entered						
Name of Animal						
Sex of Animal (Please circle)	MALE / FEMALE		Is the animal halter trained? (Please circle)	YES / NO		
Ear Tag Number			Date of Birth			
Breeders Name & Address (if bred by exhibitor state only "Exhibitor")						
Animal Health Status						
Comments including vaccination details						
Are you Prepared to isolate this animal for the purpose of export?	YES / NO		Females - Is she in-calf? (Please circle)	YES / NO		
Service Details	Date of Service/AI:		or ran from:		To:	
	Service Bull Tag No:					
Calving Record	Date of Calving:			Sex:		
	Date of Calving:			Sex:		
	Date of Calving:			Sex:		
Details of calf to be sold at foot (if applicable)	Name:			Date of Birth:		
	Ear Tag No:			Sex:		

Please photocopy as necessary

Highland Cattle Society Health Declaration Form

Are you a Member of a CHeCS Controlled Health Scheme?			
	Tick (✓)	Name of Scheme	
YES			Send copy of the Herd Health Certificate with your entry form, please check the certificate is valid on the show / sale date.
NO		Not applicable	Send Individual Test Results to the Society at least one week prior to the show and sale.

Section 1 – Whether you are Whole Herd Testing or Privately Testing, please tick which diseases you test for?							
JOHNES		BVD		IBR		LEPTO	

Section 2 – Bovine TB	
Date Herd Last Tested Clear of TB?	
Testing Interval Period? E.g. 1 Year, 2 Years etc.	

Section 3 – All Vendors must complete vaccination details			
	BVD	IBR	LEPTO
Tick if you vaccinate for...			
If Yes since when?			
Date of last Vaccination			
Name of Vaccine			

VENDOR DECLARATION

I certify that the above information is correct at date of entry. I allow the Highland Cattle Society / Auctioneer to verify the details with my CHeCS Health Scheme Provider, if applicable. I attach a copy of my current whole herd health certificate or Individual Test Results for all Sale Animals. Please put individual vaccination dates and type of vaccination details on the comments box of each entry.

Signed:.....Dated:.....