

PEN CARDS



Tel: 01835 822456

Please refer to our website for current prices

SELLER				VETERINARY PRACTICE						
Name				Name						
Address			Address							
Tel:			Tel:							
СРН										
Location Of Sale	•			Date of Sale						
Are any animals on this application away at livery prior to the sale? YES / NO										
Veterinary Decl										
I confirm that the a	nimals are	in isolation compliant wi	th CHeCS rul	les when at li	ivery.	YES	S / NO / N/A			
Signed by Vet:						Date:				
Print name:										
The CHECS herd statu	s of the her	d of origin will not be presen	nted on the pe	n card unless t	the ani	imals are maintained in isolo	ation at livery			
bTB - frequency of	Date	of last herd test:	Result:		Date	of last individual test:	Result:			
herd testing (years					Dute	or last marriadar test.	Nesure.			
	ı						L			
 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. Non-homebred animals – the herd Johne's and CHeCS TB status does not apply to non-homebred animals, and a TB test interval will not be displayed. 										
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 Declarat	ion·									
I confirm that the 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

Email: healthschemes@sruc.ac.uk

All work is undertaken in accordance with SRUC Vet Services' Sample Policy, Terms and Conditions and GDPR found on our website at www.sruc.ac.uk/vets



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Submission Form for Blood Tests for Sale Animals

NO RESULT(S) MORE THAN 3 MONTHS OLD CAN BE USED except for BVD Ag (virus)											
Date Bloods Submitted:	Date of Sale:			• • • • • • • • • • • • • • • • • • • •							
BEFORE SUBMITTING SAMPLES, PLEASE CHECK WITH YOUR											
BREED SOCIETY FOR ANY TESTING THEY MAY REQUIRE											
Tick which test(s) are required											
Animal ID	Tube No.	BVD Ab	BVD Ag (virus)	IBR	IBR gE (for marker vaccinated animals)	Lepto					

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Animal Details														
						Vaccine Dates: enter date vaccine given								
Ear Number	Name	Breed	Sex (M/F)	Homebred (Y/N)	In calf (IC) or calf at foot (CAF)	Vacc 1 BVD	Vacc 2 BVD	Booster BVD		Vacc 2 IBR	Booster IBR	Vacc 1 Lepto	Vacc 2 Lepto	Booster Lepto
Names of Vaccine(s) used:														

R\/D∙	Rovidec	/	Rovilis	/	Rovela	(delete as annionriate)

BVD.	Dovided	/ DOVIIIS	/ DOVEIA	(delete as appropriate)	
IBR:				Lepto:	