

Herdsure[®] Form F Pen/Sale Card Vaccination Record Form



BREEDER	VETERINARY PRACTICE
Name:	Name:
CPH No:	

ALL ANIMALS MUST BE FROM HERDSURE ENROLLED HERDS AND EITHER BE FROM A BVD ACCREDITED HERD OR BE INDIVIDUALLY TESTED FOR BVD VIRUS. WE WILL CHECK YOUR HERD HEALTH STATUS IN HERDSURE

Your breed society will specify the requirements for vaccination. Record vaccinations below if required for pen/sale card. Photocopy this form to include more animal details.

Animal ID/ Ear Number	Vaccination Details (Names of Vaccines used plus dates given)								
	BVD Vaccine	Dates of Primary Course	Dates of Boosters	IBR Vaccine	First Dose	Completion of primary course	Lepto Vaccine	First Dose	Completion of primary course
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I declare that vaccination of above animals was performed as stated above. This form must be signed and returned with application.

Owner/Manager/Veterinary Surgeon (delete as applicable) Name..... Date.....