

**BLUEFACED LEICESTER
SHEEP BREEDERS
ASSOCIATION**



**BLUE TONGUE VACCINATION / PRE MOVEMENT
TEST DECLARATION**

SALE CENTRE:- _____

VENDORS NAME:- _____ **PREFIX:** _____

Lot Numbers: _____

I can confirm that the animals listed in the Sale Catalogue under the above Lot numbers have been Vaccinated and/or Pre Movement tested for Blue Tongue.

Date Pre Movement Tested: _____

Date Vaccinated: _____ **Vaccine Used:** _____

Signed: _____ **Name in Block Capitals:** _____