



Pig Breeding Company Health Declaration Form - Semen



This form should be completed by the veterinary surgeon responsible for the stud/breeding company supplying the semen. Please complete the form as fully as possible.

Date completed: _____

Frequency of routine veterinary inspection: _____

(Supply stud)

Date of last veterinary inspection: _____

Name/address of supply stud:

Breeding company name/address:

Veterinary surgeon responsible & practice address:

Health Information of Supply Stud

Infection	Herd health status Positive, negative or unknown/vaccinated	Date and result of last test (no. positive/no. tested) NT = not tested	Laboratory name and location	Method(s) of routine assessment S – serology, PCR, A – abattoir lesion, PM – post mortem surveillance and culture, CF – clinical freedom only, NRM – No routine monitoring. Please state other methods if applicable
PRRS (<i>Porcine reproductive and respiratory syndrome</i>)				
Swine influenza virus (If present what serotypes)				
TGE (Transmissible Gastro Enteritis) PED (Porcine Epidemic Diarrhoea)				

Any other significant health problems noted in the supplying stud within the last 12 months (with specific diagnoses, treatment used and outcome where applicable)

Date	Clinical problem	Veterinary diagnosis	Treatment	Outcome

Any routine medication and/or vaccinations required by the stud as a whole

Vaccine(s)/Medication	Date Used:

Specific stud requirements - treatments given on the supply stud

Dates	Vaccination

Any other comments:

Print Name:

Veterinary surgeon signature:

Date:

Disclaimer: This report is intended solely for the information of the client and will be treated with due confidentiality. It is aimed to protect the health status of the recipient herd and is not intended to be used as the basis for legal proceedings.