

# BVD Surveillance Programme Enrolment Form



## Section A: Premises details

.....  
Producer Name\*  
.....  
Farm Name\*  
.....  
Address\*  
.....  
Postcode\*  
.....  
Telephone\*  
.....  
Fax  
.....  
Email\*  
.....  
NMR Herd Number        /        /  
.....  
CPH Number\* or Business ID\*        /        /  
.....  
Milk Buyer ID\*  
.....

*\*Denotes fields which must be completed*

## Section B: Herd details

..... Enter Number

Dairy Cows	<input type="text"/>
Replacement Heifers (over 18 months)	<input type="text"/>
Replacement Heifers (9-18 months)	<input type="text"/>
Replacement Heifers (under 9 months)	<input type="text"/>
Beef Breeding Cows	<input type="text"/>
Other cattle (over 18 months)	<input type="text"/>
Other cattle (9-18 months)	<input type="text"/>
Other cattle (under 9 months)	<input type="text"/>
Breeding Bulls	<input type="text"/>
<b>Total</b>	<input type="text"/>

.....  
Predominant breed:  
.....  
.....  
BVD vaccination status (please state all vaccines used):  
.....  
.....

National Milk Laboratories, Units 26-29, Laches Close, Calibre Park, Four Ashes, Wolverhampton, WV10 7DZ  
National Milk Laboratories, 32 Kelvin Avenue, Hillington Park, Glasgow, G52 4LT.  
Tel: 01902 749920 • Email: milk@nationalmilklabs.co.uk • web: www.nationalmilklaboratories.co.uk

### Section C: Vet details

Vet Name\*

Vet Practice Name\*

Practice Address\*

Postcode\*

Telephone

Fax

Email\*

*\*Denotes fields which must be completed*

### Section D: Scheme details

Please tick the scheme for which you would like to enrol

Beef £75 + VAT

Dairy £150 + VAT

Please tick how you would like to receive your BVD HerdCheck reports:

Herd Companion

Email

Fax

Post

*Please note: Permission granted by signing the above form will remain active indefinitely and it is the responsibility of the customer to inform NMR of any changes to the above.*

### Section E: Declaration

I wish to enrol the above farm on the HerdCheck surveillance programme as specified above

I certify to the best of my knowledge that the details specified are correct

All information received regarding the status of the farm will be treated as confidential

All reports will be sent to the consulting veterinary surgeon

I confirm that I am happy for my vet to access my NMR and NML samples for testing purposes and associated data.

I agree to pay all fees payable under the HerdCheck programme and accept that this contract is valid for a minimum of 12 months, renewable thereafter. Failure to pay such fees may result in suspension of the service until full payment is received.

Please tick one

NML to invoice the vet practice

NML to invoice the farm

Vet signature

Print name of Vet

Date

THE HERD WILL NOT BE ENROLLED WITHOUT A VETERINARY SIGNATURE

Farm signature

Print name of Farmer

Date

Status (e.g. Owner / herdsman)

Completed enrolment forms should be faxed to NML 01902 749938 or posted to National Milk Laboratories, Units 26-29, Laches Close, Calibre Park, Four Ashes, Wolverhampton, WV10 7DZ