

Herd Bulk Testing



Owner:
Farm Name:
Address:
Supply No:
SVS Laboratories has my permission to test for this bulk milk sample and provide the results to the named vet.
Suppliers Signature:

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Vet:		
Practice:		
Phone:	Fax:	Email:
I have received permission from the above supplier for this bulk milk sample to be tested at SVS Laboratories.		
Vet to Sign:		

Investigation made by Dairy Company (on bulk milk)			
Dairy Company			
<input type="checkbox"/> Fonterra	<input type="checkbox"/> Westland	<input type="checkbox"/> Tatua	
<input type="checkbox"/> Synlait	<input type="checkbox"/> Guardian	<input type="checkbox"/> Miraka	
<input type="checkbox"/> Open Country Dairy			
Supply Number: _____			
Sample Collection Month/s:			
January	February	March	April
May	June	July	August
September	October	November	December
<input type="checkbox"/> BVD PCR			
<input type="checkbox"/> BVD AB ELISA			
<input type="checkbox"/> Liver Fluke			
<input type="checkbox"/> Ostertagia (BSURE)			

Investigation made by Dairy Company (on individual milk samples)			
From Herd Test			
LIC	Ambreed	Owner Collected	
Herd Code	Herd Code	(Samples included)	
Participant Code	Participant Code		
Next Herd Test Date: / /			
Milk from age groups: (6 per group)	2	3	4 older
Animal ID if required:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

