



NML Johne's Screening Programme Enrolment Form

Section A: Premises Details

Producer Name*		
Farm Name*		
Address*		
Postcode*		
Telephone		
Fax		
Email		
NMR HERD Number*	/	/
CPH Number*	/	/

Section B: Herd Details

Dairy Cows & Heifers (over 24months)	
Dairy Heifers (12-24 months)	
Dairy Heifers (<12 months)	
Other Cattle	
Total	
Predominant breed:	
Annual TB test month (if more regular please state):	
Vaccination status (please state all vaccines used):	

Section C: Vet Details

Vet Name*
Vet Practice Name*
Practice Address*
Postcode*
Telephone
Fax
Email

Section D: Scheme Details

Please tick the disease for which you would like to enter a surveillance scheme

Johne's circle months for testing (quarterly): **J F M A M J J A S O N D**

If this is an NMR recorded herd, monthly milk recording samples will automatically be used for this service.

Section E: Declaration

- I wish to enrol the above farm on the HerdWise 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 agree to pay all fees payable under the HerdWise 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
- NMR to invoice the vet practice on a monthly basis
- NMR to invoice the farm on a monthly basis
- (please tick as appropriate)

Vet Signature Date

Print Name of Vet

THE HERD WILL NOT BE ENROLLED WITHOUT A VETERINARY SIGNATURE

Farm Signature Date

Status (e.g. Owner/herdsman)

Completed enrolment forms should be faxed to NML 01902 749938 or posted to National Milk Laboratories, Woodthorne, Wergs Road, Wolverhampton. WV6 8TQ