

# Johne's 30-cow Screening Programme Enrolment Form



\*Denotes fields which must be completed

## Section A: Premises details

Producer name\*

Farm name\*

Address\*

Postcode\*

Telephone\*

Email\*

NMR HERD number\*

/ /

Last TB test date\*

/ /

## Section B: Vet details

Vet name\*

Vet practice name\*

Practice address\*

Postcode\*

Telephone\*

Email\*

Signature (vet)

NMR Account manager

## Section C: Scheme details

Please state the month you would like to start testing.

J F M A M J J A S O N D

Your NMR monthly milk recording samples will automatically be used for this service.\*

\* Please ensure your test date is at least 42 days after your last TB test.

## Section D: Declaration

I wish to enrol this farm on the HerdTracker surveillance programme as specified.

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

Your veterinary surgeon will be notified when your results are available.

I agree to pay all fees payable under the HerdTracker 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.

Farm signature

Date / /

Status (e.g. Owner/herdsman)

Date / /



Completed enrolment forms should be faxed to NML 01902 749938 or posted to:

National Milk Laboratories, Unit 26-29, Laches Close, Calibre Industrial Park, Four Ashes, Wolverhampton WV10 7DZ