

Johne's 30-cow Screening Programme Enrolment Form



All fields are mandatory

Section A: Premises details

Producer name

Farm name

Address

Postcode

Telephone

Email

NMR Herdnumber / /

Last TB test date / /

Section B: Vet details

Vet name

Vet practice name

Practice address

Postcode

Telephone

Email

Signature (vet)

NMR Field Representative

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.

Customer signature

Date / /

Status (e.g. Owner/herdsman)

Date / /



Completed enrolment forms should be emailed to Healthcheck@nmp.com or posted to:

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