

Johne's 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 HerdWise 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 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.

Farm signature

Date / /

Status (e.g. Owner/herdsman)

Date / /



Completed enrolment forms should be emailed to Herdwise@nmr.co.uk or posted to:

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