

HERD BULK MILK TESTING



**NEW ZEALAND VETERINARY
PATHOLOGY LTD**
Cnr of Knox & Anglesea Street
PO Box 944, Hamilton

Ph: 07 839-1470
Fax: 07 839-1471
Freephone: 0800 VETLAB
0800 838 522
Website: www.nzvp.co.nz

OWNER:

FARM NAME:

ADDRESS:

SUPPLY No:

New Zealand Veterinary Pathology has my permission to test for this bulk milk sample and provide the results to the named Vet.

SUPPLIERS SIGNATURE: _____

VET:

PRACTICE:

PH:

FAX:

I have received permission from the above supplier for this bulk milk sample to be tested at New Zealand Veterinary Pathology

VET TO SIGN: _____

INVESTIGATION MADE BY DAIRY COMPANY (on bulk milk)

DAIRY COMPANY

FONTERRA WESTLAND TATUA

SUPPLY NUMBER: _____

SAMPLE COLLECTION MONTH/S

JANUARY FEBRUARY MARCH
APRIL SEPTEMBER OCTOBER
NOVEMBER DECEMBER

BVD PCR

BVD AB ELISA

LIVER FLUKE ONLY

BVD AND LIVER FLUKE

INVESTIGATION MADE BY DAIRY COMPANY (on individual milk samples)

FROM HERD TEST

LIC <input type="checkbox"/>	AMBREED <input type="checkbox"/>	OWNER COLLECTED <input type="checkbox"/>
Herd Code _____	Herd Code _____	(Samples included)
Participant Code _____	Participant Code _____	<input type="text"/>

Next Herd Test Date: ____ / ____ / ____

Milks from age groups: 2 3 4 older
(6 per group)

Animal ID if required: _____