

Herd Bulk Testing

Owner:

Farm Name:

Address:

Supply No:

VetPath NZ has my permission to test for this bulk milk sample and provide the results to the named vet.

Suppliers Signature:

Vet:

Practice:

Phone:

Fax:

Email:

I have received permission from the above supplier for this bulk milk sample to be tested at VetPath NZ.

Vet to Sign:

Investigation made by Dairy Company
(on bulk milk)

Dairy Company

☐ Fonterra

☐ Synlait

☐ Open Country Dairy

☐ Westland

☐ Danone

☐ Tatua

☐ Miraka

Supply Number:

Sample Collection Month/s:

January

February

March

April

May

June

July

August

September

October

November

December

☐ BVD PCR

☐ BVD AB ELISA

☐ Liver Fluke

☐ Ostertagia (BSURE)

Investigation made by Dairy Company
(on individual milk samples)

From Herd Test

LIC

Herd Code

Participant Code

Ambreed

Herd Code

Participant Code

Owner Collected

(Samples included)

Next Herd Test Date:

/

/

Milk from age groups:
(6 per group)

2

3

4

older

Animal ID if required:

