

BVD MANDATORY ANNUAL SCREENING FARMER SUBMISSION FORM FOR CALF SCREEN

All sections marked with an * must be filled in

Contact Details

*Name:

*Trading Name:

*Address:

*Post Code:

*Contact Telephone:

*Mobile:

Email Address:

Farm Details

*Holding Number:

*CIS Herd Number:

*Number of Animals in Herd:

*Currently on a CHECS Health Scheme? Yes No

*If yes, please give details:

Veterinary Details

Name:

Practice Name:

Address:

Post Code:

Contact Telephone:

Fax:

Email address:

Results

All results will be readily available via Your Herd secure login.

*Permission for vet listed above to receive/access results of test: Yes No

Vaccination

Do you vaccinate against BVD?

If yes, when did you last vaccinate?

Declaration by Keeper

*Signature:

Date:

Please tick this box if you **do not** give permission for samples and information you submit to be shared with Scottish Government-appointed research providers to support BVD Eradication.

