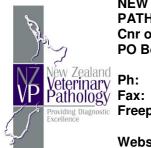
HERD BULK MILK TESTING



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

07 839-1470 07 839-1471 oviding Diagnostic Freephone: **0800 VETLAB** 0800 838 522

www.nzvp.co.nz

Website:

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:				

SUPPLIERS SIGNATURE:						
INVESTIGATION MADE BY DAIRY COMPANY (on bulk milk)						
DAIRY	COM	<u>IPANY</u>				
FONTER	RA	WESTLAND	TATUA			
SYNLAIT		GUARDIAN	MIRAKA			
OPEN COUNTRY DAIRY						
SUPPLY	NUMBE	R:				
SAMPL	E CO	LLECTIO	N MONTH/S	<u> </u>		
NOVEMB		DECEMBER	MARCH OCTOBER	R		
	BVD .	AB ELISA				
LIVER FLUKE						
BVD AND LIVER FLUKE						
OSTERTAGIA (BSURE)						

VET:			
PRACTICE:			
PH:			
FAX:			
I have week	I manuscription from the plants are self-or few		
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 individual milk samples) FROM HERD TEST

LIC	AMBREED	OWNER
Herd Code	Herd Code	(Samples
		included)
Participant Code	Participant Code	
Next Herd Test Da		
Milks from age gr		/

(6 per group)

Animal ID if required: