

# 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 ☐

SYNLAIT ☐ GUARDIAN ☐ MIRAKA ☐

OPEN COUNTRY DAIRY ☐

SUPPLY NUMBER: \_\_\_\_\_

### SAMPLE COLLECTION MONTH/S

JANUARY

FEBRUARY

MARCH

APRIL

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

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**BVD PCR**

**BVD AB ELISA**

**LIVER FLUKE**

**BVD AND 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Animal ID if required: ☐ ☐ ☐ ☐