

AFBI will check the AHWNI database for BVD results if testing was performed by the AFBI lab.

If ear notch testing is being carried out by an alternative lab please note it is the herd owner's responsibility to ensure results are received at AFBI for the CHcS BVD programme

AFBI takes data protection and freedom of information issues seriously. It takes care to ensure that any personal information supplied to it is dealt with in a way which complies with the requirements of the UK Data Protection Act 2018 and EU General Data Protection Regulation. In providing your own or a third party's personal information to AFBI, you acknowledge that any personal information you supply will be processed principally for the purpose for which it has been provided. However, AFBI may also use it for other lawful purposes in line with appropriate legislation. Please refer to the cattle health scheme's Privacy Notice (<https://www.afbini.gov.uk/publications/privacy-notice-afbi-cattle-health-scheme>) for further information.

DECLARATION BY OWNER

The numbers of animals on the premises are as recorded. I have abided by the Rules and Conditions of membership and agree to continue to do so. All information is correct as at time of recording.

Signed: _____ Owner/Manager Date _____

Name (block letters) _____

DECLARATION BY VETERINARY SURGEON

I have explained the rules of the Scheme to my client who, to the best of my knowledge, is complying with the rules and conditions of the AFBI Cattle Health Scheme.

(Tick appropriate box)

- I have taken blood and/or milk samples, according to the rules, from the appropriate number of animals
- I authorise the testing of blood and/or milk samples obtained by a suitably qualified third person e.g. Brucellosis blood tester, milk recorder.

Signed _____ MRCVS Date _____

Name (block letters) _____

Comments

Group Identification must be completed for BVD Initial Herd Screen And Check Tests 1, 2 and annual Check Test

		Sample required		Serum (clotted blood)							Faeces	
Group ID	Tube No	Tag Number	DOB	Sex M, F, B	BVD Ab	BVD Virus	IBR Ab	IBR Marker	Johne's Ab	Lepto Ab	Johne's PCR	Johne's Culture
	1											
	2											
	3											
	4											
	5											
	6											
	7											
	8											
	9											
	10											
	11											
	12											
	13											
	14											
	15											

Group Identification must be completed for BVD Initial Herd Screen And Check Tests 1, 2 and annual Check Test

		Sample required		Serum (clotted blood)							Faeces	
Group ID	Tube No	Tag Number	DOB	Sex M, F, B	BVD Ab	BVD Virus	IBR Ab	IBR Marker	Johne's Ab	Lepto Ab	Johne's PCR	Johne's Culture
	16											
	17											
	18											
	19											
	20											
	21											
	22											
	23											
	24											
	25											
	26											
	27											
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	29											
	30											

