

Age

## SHETLAND ANIMAL HEALTH SCHEMES

## BVD and Johne's disease submission form



Send Samples to: SRUC Veterinary Services, SRUC Reference: ..... Mill of Craibstone, Bucksburn, Aberdeen, AB21 9TB Tel: 01224 711 177 Fax: 01224 711 184 Date Received: ..... **Vet Practice** Client **Address Farm Address Holding Number** Clinician **Date Sampled Date Sent** 1<sup>st</sup> Test 2 nd Test **Test Type** Retest Annual Test Added Animal Clinical Screen (circle) Other (please specify) ..... N° Clotted Blood Samples Submitted N° Faeces Samples Submitted N° Heparinised Blood Samples Submitted N° Milk Samples Submitted Number and Ages of Stock (at time of sampling). Please complete each section below where samples are submitted from the particular age group. Total stock aged from 4 weeks to 8 months Total stock aged from 9 months to calving Number of separately managed groups of cattle aged from 9 months to calving (enter identification for groups on animal identification sheet) Total number of cows in milk / calf at foot Total number of cows dry Total number of bulls Vaccination history: Please detail whether any BVDV vaccine or Johne's disease vaccine has been used in the herd and detail to which stock the vaccine has been administered and approximate dates that the vaccine has been administered. If this information has been provided with previous submissions pleaser write 'V' over box. Age of Stock Vaccine Used **Approximate dates of Administration** Adult herd Breeding heifers (and young bulls) Young stock (pre-breeding) Bought-in Stock (male and female and including foster calves since last test) 3 Origin Name **Address** Number

## Animal Identification, Sample Number and Tests Required

	Animal Number	Tube Number	Age	Sex	Bought In	Calving Date	Johne's disease	BVD Ab	BVD Ag
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2									
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