



BVD Annual Antibody Test Submission Form

Date received

Lab internal ref

Keeper

Keeper's name

Keeper's Address

Postcode:
CPH:
Herd mark:

Number of management groups

Keeper's email*

Mobile number*

Address where animal is kept if different from above

Post code:
CPH:

Veterinary practice

Practice Address

Post code:

Practice email*

Practice phone number

Clinician

Clinician email

Clinician mobile

Total number of samples submitted

Date of sampling

*The email addresses and mobile number given will be used to report BVD status results

**By signing this form on behalf of your organisation you are agreeing to Welsh Government's Terms and Conditions:

Welsh Bovine Viral Diarrhoea Eradication Scheme Guidance:

<https://www.gov.wales/welsh-bovine-viral-diarrhoea-eradication-scheme-guidance>

Keeper's signature**

Vet's signature**



Group name reference

No.	Animal ID	DOB	Reference number or blood barcode sticker
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Comments