

Silver Bulk Milk Monitored Membership

Herd Owner:

Address:

Tel No:

Fax No:

Herd Number: Date of Sample:

Milk Recorder's signature:

Milk Recorder's name (printed):

For HiHealth Herdcare Use Only

Booked in: Checked: Sample Number:

Date of Receipt: Invoice: Chart Prepared:

	Result	Reported	QC
IBRS			
BVDS			
Lepto			
Johne's			
Neospora			
Liver fluke			
Ostertagia			

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