  

**Submission Form for: DALTON Pre-Paid Ear tissue samples for BVD virus testing**

Sub Ref ………………..

Cross Ref ………………….

Date ………………….



**Send All Samples to:**

**SAC Veterinary Services, Greycrook,**

**St Boswells, Melrose, Roxburghshire, TD60EQ**

|  |  |
| --- | --- |
|  |  |

**If you are a Premium Cattle Health Scheme member please**

**Enter your PCHS member number ie SB/1234**

**To Be Completed In All Cases**

|  |  |  |  |
| --- | --- | --- | --- |
| Vet Practice |  | Herd Owner |  |
| Address |  | Holding Number |  |
| Address |  | Farm |  |
| Town |  | Address |  |
| Post code |  | Town |  |
| Email Address |  | Post Code |  |
| Practitioner |  | Email Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Number of Ear Tissue Samples enclosed

**THIS TEST COMPLETES THIS YEAR’S CALVING SAMPLES** tick if true

PLEASE COMPLETE ANIMAL/TEST DETAILS OVERLEAF

(This is not required where tissue sample containers show the UK official tag number)

**Comment**:

**Animal Identification, Sample Number and Test Required**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Tag No** | **Ear No** | **Age/**  **DOB** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
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| **14** |  |  |  |
| **15** |  |  |  |
| **16** |  |  |  |
| **17** |  |  |  |
| **18** |  |  |  |
| **19** |  |  |  |
| **20** |  |  |  |