



Date received

Lab internal ref

**Keeper**

Keeper email must be supplied in order to receive status notifications

Keeper's name

Official address for holding

  

Postcode:

CPH number

		/				/					
--	--	---	--	--	--	---	--	--	--	--	--

Herd number

U	K						
---	---	--	--	--	--	--	--

Keeper's email

Keeper's mobile number

**Veterinary practice**

Practice email must be the email registered on the BVD Cymru portal

Practice name

Practice Address

  

Postcode:

Practice email (as registered on BVD portal)

Practice phone number

Sampling/Supervising veterinary surgeon name

MRCVS/FRCVS

Approved blood sampler name (if applicable)

**BVD test stage**

(select only one test)

PI hunt

Part \_\_\_ of \_\_\_ parts

PI hunt re-test

**Movement testing**

Pre-movement test

Pre-movement re-test

Post movement test

Post movement re-test

**Total number of samples submitted**

Keeper/authorised personnel signature

Signatory name if not the keeper

Vet's signature

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>)

