

MV MONITORED FREE SCHEME – Annual Flock Test*/Quarantine Test*/Infected Flock* (*delete as applicable) Test code: FMVMF

OWNER'S DETAILS

Owner _____
Address _____
Address _____
County _____ Postcode _____
E-mail address _____
Tel. no _____
CPH number ____ / ____ / ____ UK Herd number _____
Breeds in scheme _____

VET PRACTICE DETAILS (or use practice stamp)

Practice name _____
Address _____
Address _____
Town _____
County _____ Postcode _____
Tel. no _____
Sampling Vet _____

DATE OF SAMPLING _____ TOTAL NO. BLOOD SAMPLED _____ NO. OF RAMS SAMPLED _____
NO. OF EWES IN FLOCK _____ NO. OF RAMS IN FLOCK _____
NO. OF SEPARATE GROUPS WITHIN FLOCK _____ NO. OF QUARANTINED SHEEP SAMPLED _____
OPTION: MINIMUM 2 METRE GAP BETWEEN NEIGHBOURING FLOCKS & DOING TWO-YEARLY TESTING YES/NO

Flock owner/manager declaration:

I confirm that I am abiding by the rules of the MV Monitored Free Scheme

I acknowledge that after the first clear test any sheep to be added to the flock must be MV accredited, MV Monitored Free or have a negative MV blood test before being added.

Signature _____ Date _____

Veterinary Surgeon declaration:

I have inspected the flock's movement records. To the best of my knowledge the herd is complying with the rules of the MV Monitored Free Scheme.

Signature _____ MRCVS Date _____



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