

TUBERCULOSIS TEST HISTORY FOR INSURANCE COMPANIES

The DVO

- *DEPARTMENT FOR ENVIRONMENT, FOOD & RURAL AFFAIRS
- *ANIMAL AND PLANT HEALTH AGENCY (APHA)
- *THE NATIONAL ASSEMBLY FOR WALES AGRICULTURE DEPARTMENT

..... Date

From:- Name and address of herd owner (Capitals):

.....

.....Herd Ear Mark No:

Will you please on my behalf complete this form and send it to:

Geo Agriculture, The Hamlet, Hornbeam Park, Harrogate HG2 8RE

Yours faithfully

(Owner's signature)

At the request of the person named above, the *Department for Environment, Food & Rural Affairs/Animal and Plant Health Agency/The National Assembly for Wales Agriculture Department gives the following information without responsibility for or guarantee of its correctness

PARTICULARS OF TUBERCULIN HERD TESTS IN THE LAST 5 YEARS

No	Date of Test	Type of test ie routine, 60-day, 6-month, contiguous	No of animals tested	No of reactors	No of inconclusives	Result of re-test of inconclusives	
						Pass	Fail
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							

Expected date of the next test:

Frequency of routine testing in the parish in which this farm is situated: yrs

Signature:

Position/Office:*

*Delete as appropriate

Date:

TUBERCULOSIS REACTOR INSURANCE

**Insured to complete Part 1 only
Form of authorisation to be signed by the Assured**

ASSURED'S DECLARATION

1.

I,

of

hereby authorise the

- * Department for Environment, Food and Rural Affairs
- * Animal and Plant Health Agency
- * The National Assembly for Wales Agriculture Department

to disclose to:

Geo Agriculture, The Hamlet, Hornbeam Park, Harrogate HG2 8RE

the number of head of cattle tested commencing on/..... (being the total number of cattle owned by me at the time)* and the number of animals which on reacting to the test were surrendered to the Ministry. I further authorise the Ministry to state which animals were recorded as being DOUBTFUL or INCONCLUSIVE at the test held on the above dates and at the previous test.

* Delete if not applicable

Ministry File Reference Number:

Date:

Signed:

Status:

FOR COMPLETION BY DIVISIONAL VETERINARY MANAGER

2. I certify that according to the Ministry's records the last tuberculin test of Assured's herd was:

- 1. routine (1-4 years)**
- 2. 6-months**
- 3. 60-day
- 4. private
- 5. special (delete whichever is not applicable)

Commenced on/.....20..

..... cattle were tested and Reactors inconclusives disclosed as follows:

** if a herd is subject to a special retest and it happens that a long interval or 6-month test is due in any case, No. 5 on the form should NOT be deleted.

No of reactors Inconclusive for retest

3. The herd was previously tested on/.....199..

4. Date of last clear test/.....199..

Date: Signed:
 Divisional Veterinary Manager

Office: