**BVD REGISTRATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Email address****Contact Number** |  |
| **Address** |  | **Herd Number****Herd Identifier****Herd Designator** | **IE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****372\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**NOTE:** All BVD testing is to be paid for in advance of testing.

We encourage you to keep your BVD account in credit to ensure that your results are not delayed as samples will be held until payment is received.

**PAYMENT ENCLOSED**:

|  |  |  |
| --- | --- | --- |
| **Quantity of samples**  | **BVD PRICING**Please contact us on 0238854100 to find out your Herd Status if unsure. | **Total amount enclosed** **€\_\_\_\_\_\_\_\_** |
|  | □NHS €2.80 per sample□Non NHS €3.40 per sample | CashChequePostal OrderCard (Please call) |

**\*\*Please ensure your herd number is clearly written on the back of all payments\*\***

**Carbery & Dairygold Coop account holders** have the option of paying for BVD testing via deduction from their Co-op Milk account.

**PAYMENT VIA Co-Op:**

|  |  |
| --- | --- |
| **Co-Op :**  |  BandonBarryroe DrinaghLisavairdDairygold |
| **Co-Op Supplier Number** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |