

# MV MONITORED FREE SCHEME – Annual Flock Test\*/Quarantine Test\*/Infected Flock\* (\*delete as applicable)

## OWNER'S DETAILS

Owner.....  
Address.....  
Address.....  
County..... Postcode.....  
E-mail address..... Tel. no.....  
CPH number \_ \_ / \_ \_ / \_ \_ \_ \_ UK Flock 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 flock is complying with the rules of the MV Monitored Free Scheme

Signature .....MRCVS Date.....



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