AGREEMENT FOR HERD ENTRY/RENEWAL INTO THE NORTH DAKOTA VOLUNTARY BOVINE JOHNE'S DISEASE CONTROL PROGRAM

NORTH DAKOTA DEPARTMENT OF AGRICULTURE
STATE BOARD OF ANIMAL HEALTH
SFN 58714 (12-2014)

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I am applying for status in the Voluntary Bovine Johne's Disease Control Program

Farm Name		Owner/Manager Name	
Farm Address			
City	State	ZIP Code	Telephone Number
Veterinarian's Name			Veterinary Telephone Number

I wish to enroll my herd and be classified in one of the categories below. The appropriate level will be assigned by the State Johne's Disease Coordinator after review of the test results.

- ☐ Management
- ☐ Classification Component (composed of Levels 1, 2, 3, 4, 5 and 6)

My herd was tested on	Number Tested	Number Test Positive Results
Number of Test Eligible Animals (cows > 3 years of age and bulls > 2 years of age)		

Testing Method:

- ☐ Blood serology (Random 60 samples) (Initial Enrollment or Maintenance Levels 4-6)
- ☐ Blood serology (Whole Herd Test or Statistical Subset)
- ☐ Fecal culture or PCR (Random 30 samples) (Initial Enrollment or Maintenance Levels 4-6)
- ☐ Fecal culture or PCR (Whole Herd Test or Statistical Subset)
- ☐ Whole herd pooled fecal culture or PCR

This Application is for: ☐ Enrollment ☐ Advancement ☐ Monitoring

When test positive animals are culled from the herd, I will designate them for slaughter only.

I wish to have my herd listed in the public register of herds, attaining or maintaining the indicated program level for the indicated cattle type. I understand that public registration may include listing on a website, printed material, and other forms of media.

☐ Yes ☐ No

Cattle Type: ☐ Dairy ☐ Beef ☐ Mixed	Breed

A copy of the Voluntary Bovine Johne's Disease Control Program Producer Guidelines has been supplied to me and I agree to comply with the program guidelines. I certify that to the best of my knowledge, all the information provided on this form is accurate.

Owner/Manager Signature	Date

Program guidelines and one copy of the agreement are to be left with the producer. One copy of the agreement is to be sent to the North Dakota State Board of Animal Health and one copy is to be kept by the Veterinarian.