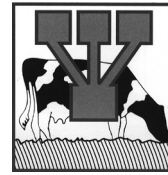


Dairy Herd Health & Productivity Service

SHEET 3 – BLOOD TEST INPUT SHEET



Please tick ONE of the boxes below:

- Single (one off) test only
- Existing DHHPS blood testing member
- New DHHPS blood testing member
- Existing Whitegold DHHPS blood testing member
- New Whitegold DHHPS blood testing member

Organic

Area/Code No. _____

Farmer _____

Address _____

FEED NAME *	AMOUNT PER COW Kg.		
	EARLY	MID	DRY

* If easier please send full TMR ration sheets and silage analysis

Conc 1 CONC 1 AMOUNT IN COW DETAILS BELOW

Conc 2

Conc 3

Conc 4

F'age 1

F'age 2

F'age 3

NUTR. ADVISER _____

VET. _____

Blood Sample Date	
No. of cows sampled	
Milk record date	
BF %	Protein %

	FORAGE ANALYSIS			
	D.M.	M.E.	C.P.	INTAKE POTENTIAL
Conc 1				
Conc 2				
Conc 3				
Conc 4				
F'age 1				
F'age 2				
F'age 3				

	COW NO.	CALVING DATE	APPROX WT Kg	CONDITION SCORE	MILK YIELD Kg	EXPECTED YIELD Kg	LACT NO.	FEED		COMMENTS
								CONC 1 Kg		
EARLY LACTATION (10-20 days)										e.g. forage quality, extra analysis requests
MID LACTATION (80-120 days)										
DRY COWS (within 10 days)		*								* For dry cows give expected calving date
										REC'D AT LAB / /
										TEST ID
										REQUEST DONE <input type="checkbox"/>