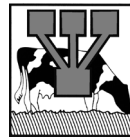




# DAIRY HERD HEALTH & PRODUCTIVITY SERVICE



## SHEET 3 Blood Test Input Sheet

IF YOU HAVE NOT DONE SO ALREADY, PLEASE COMPLETE A 'SHEET 1' FORM

- TEST TYPE:  One Off / Beef / Dry Cow Test  
 DHHPS Existing Member Test  
 I would like this farm to join the DHHPS membership, this is a first member test (please see our Price List for full terms and conditions)  
 The farm is a member of the "WhiteGold Service" and wish to be blood testing members

Area/Code No. \_\_\_\_\_  
 Farmer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

<b>FEED NAME*</b>		<b>AMOUNT PER COW kg</b>			Nutritional Advisor				<b>Blood sample date</b>				
*if easier please send full TMR ration sheets and silage analysis		Early	Mid	Dry	Veterinary Surgeon				<b>No. of cows sampled</b>				
Conc. 1		Conc. 1 amount in cow details below							<b>Milk record date</b>				
Conc. 2									BF                      %                      Protein                      %				
Conc. 3					<b>FORAGE ANALYSIS</b>								Organic? Yes <input type="checkbox"/>
Conc. 4					D.M.	M.E.	C.P.	Intake Potential					
Forage 1													
Forage 2													
Forage 3													

	COW NO.	CALVING DATE	APPROX. WT. Kg	CONDITION SCORE	MILK YIELD kg	EXPECTED YIELD kg	LACT NO.	FEED			COMMENTS e.g. forage quality, extra analysis requests	
								CONC 1 kg				
<b>EARLY LACTATION (10-20 days)</b>												
<b>MID LACTATION (80-120 days)</b>												
<b>DRY COWS (within 10 days)</b>		*										*For dry cows please give expected calving dates

REC'D AT LAB                      /                      /  
 TEST ID  
 REQUEST DONE