



# Signup Information

Date: \_\_\_ / \_\_\_ / \_\_\_ Herd Code: \_\_\_\_\_

County: \_\_\_\_\_ Town: \_\_\_\_\_

## FARM DESCRIPTION (Optional)

Owner Name: \_\_\_\_\_

Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Herds Persons: \_\_\_\_\_

*Phone:* \_\_\_\_\_ *Fax:* \_\_\_\_\_ *Email:* \_\_\_\_\_

Key People: \_\_\_\_\_

Key Advisors: \_\_\_\_\_

## VETERINARY INFORMATION

*Herd Veterinarian(s):* \_\_\_\_\_

*Representing (practice or clinic):* \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_

## HERD INFORMATION

No. of Cows milking: \_\_\_\_\_ No. dry: \_\_\_\_\_ No. of Heifers: \_\_\_\_\_ No. of Calves: \_\_\_\_\_

Current Production/year: \_\_\_\_\_ Lbs. Milk per head per day: \_\_\_\_\_

Milkings per day: 2 3  other: \_\_\_\_\_ How long has the herd been in operation? \_\_\_\_\_

The herd is currently: Commercial Registered Mixed

Are animals introduced from outside this premises?  Yes  No

Do you plan to expand your herd within 1-2 years?  Yes  No By how many? \_\_\_\_\_

**What are your goals with regards to Johnes disease?**

- Determine if I have the infection
- To reduce or eliminate the infection in my herd
- Prevent it from getting into my herd
- Establish official classification of my herd as low risk
- Other: \_\_\_\_\_