

Bulk Tank Surveillance Program 400K Sign-up Form



Farm Name: _____

Contact Person: _____

Phone Number: _____

Email: _____

Fax Number: _____

Milk Hauler: _____

Phone #: _____

Herd Veterinarian: _____

Email/Fax: _____

400K Team Leader: _____

Email/Fax: _____

I would like to test my bulk milk for:

(Please circle one or all tests that you are interested in)

\$75 Bulk Tank Special	monthly	every other month	400K
(400K Special is one bulk tank sample every month for 6 months)			
Mastitis pathogens	monthly	semi-annually	other:
BVD	monthly	semi-annually	other:
Foodborne Pathogens	monthly	semi-annually	other:
Mycoplasma	monthly	semi-annually	other:

***By signing this form, you are giving QMPS permission to send your culture results to the above 400K team members.

Producer Signature: _____ Date: _____