

# Appendix X: Applications for Herd Enrollment

## Application for Herd Enrollment in the Mississippi Voluntary BVD Herd Certification Program:

1. \_\_\_\_\_  
(FARM/RANCH NAME)
2. The above farm/ranch has a Veterinary-Client-Patient-Relationship with an accredited veterinarian, and this veterinarian, Dr. \_\_\_\_\_, is involved in the herd's BVD surveillance and risk management protocols.
3. The producer and veterinarian have read the two documents provided as part of the Mississippi Voluntary BVD Control Program Herd Enrollment application packet titled *Understanding BVD* and *Biological Risk Management*.
4. The herd has a comprehensive herd health management plan developed under the guidance of the herd veterinarian that involves, but is not limited to, nutrition, biological risk management, herd immunization, parasite control (internal and external), reproductive management, and Beef Quality Assurance (BQA).
5. The herd annually screens appropriate test-eligible animals for BVD-PI status by individual antigen capture ELISA at the MVDRL, Pearl MS. For a list of test-eligible animals please see Part IV. The producer consults with the herd veterinarian to identify the proper animals for BVD-PI surveillance.
6. All test-eligible animals are associated with the following Premises Identification Number(s):  
\_\_\_\_\_  
\_\_\_\_\_
7. All test-eligible animals are identified with unique, permanent identification.
8. All BVD-PI diagnostic samples were collected and sent to the MVDRL, Pearl MS as instructed in the "Instructions for BVD Ear Notch Sample Collection, Storage, and Submission" document included in the BVD Sample Collection Kit.
9. The producer has read Appendix II regarding the *Ethical Disposal of BVD-PI Animals* included in the MS Voluntary BVD Control Program Herd Enrollment application packet and agrees to properly dispose of positive animals.

By signing below I verify the above statements:

\_\_\_\_\_  
Veterinarian's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Veterinarian's Name (Print)

\_\_\_\_\_  
Producer's Name (Print)

\_\_\_\_\_  
Veterinarian's License Number/State

\_\_\_\_\_  
Date

\_\_\_\_\_  
BQA Certification #

Please return completed form along with samples to:

**MS Veterinary Research &  
Diagnostic Laboratory  
PO Box 97813  
Pearl, MS 39288**

\_\_\_\_\_  
Producer's Address

\_\_\_\_\_  
Producer's Telephone Number