

**Montana BVD-PI Herd Screening Project
2009 Application**

(Complete both pages of this form!)

Operation Name: _____

Owner/Manager: _____ **Premises # (if available)** _____

Mailing Address: _____

Town/State/Zip _____

Package Shipping Address:

Town/State/Zip _____

Contact Phone(s) #: _____ or _____

Fax #: _____ **E-Mail:** _____

Earliest estimated sampling date Month: _____ Day: _____

Estimated number of cattle to screen: _____ **(Complete BVD-PI Screening Plan on the other side of this application)**

The laboratory costs will be billed directly to the participant at the rate of

\$2.40 per sample.

Participants please initial:

_____ I have talked to the BVD-PI Herd Screening Project managers (Clint Peck or Mo Harbac) and understand the protocol, terms and conditions of this project.

_____ I understand that my confidential BVD-PI screening test results will be forwarded to me and to the Montana Beef Quality Assurance program.

I **DID – DID NOT** – participate in this program in 2008.

Circle one

_____ **I understand that due to limited funding for this project we are able to only provide “sampling kits” (tubes & notcher) to project participants and will not provide cost-share assistance for this project.**

Please complete next page!!!

