

Authorisation for a named veterinary practice to access my herd's BVD test results on the Animal Health and Welfare NI Database.

When completed, this form will instruct the AHWNI Secretariat to authorise the named veterinary practice to access your BVD test results on the AHWNI database in support of the BVD eradication programme.

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|--|
| Your Name: |
| Address: |
| Postcode: _____ Your signature(s): _____ |
| Mobile number: _____ |
| Date: |

| |
|-------------------|
| Your Business ID: |
| Your Herd Number: |

| |
|----------------------------|
| Veterinary Practice Name: |
| Address: |
| Postcode: |
| Practice email Address: |
| Practice telephone Number: |

Please note: Completing this form will not affect any other permissions or authorisations you have granted in relation to DARD Online Services.

Please return the completed form to:

AHWNI,
Box 10, 1st Floor
Dungannon Business Cube
2 Coalisland Rd
Dungannon,
Co. Tyrone,
BT71 6JT

Telephone: 028 7963 9333
028 8778 9126
Email: info@animalhealthni.com
Twitter: @animalhealthni

You are advised to keep a copy of this form.

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE AS YOUR VETERINARY PRACTICE WILL NOT BE ABLE TO ACCESS YOUR RESULTS AND SUPPORT YOU IN THE ERADICATION PROGRAMME UNTIL WE RECEIVE YOUR AUTHORISATION