

## REGISTRATION IRISH JOHNE'S CONTROL PROGRAMME

As part of the registration into the Irish Johne's Control Programme (IJCP), please complete the details on the form below, before signing and returning to AHI.

**Please note only fully completed forms can be accepted. Please complete all fields.**

### SECTION A: PARTICIPANT DETAILS – INDIVIDUAL, PROCESSOR/MILK RECORDING

**NAME**

**HERD NUMBER**  
(County number e.g. x1234567)

**ADDRESS 1**

**ADDRESS 2**

**ADDRESS 3**

**COUNTY**  **EIRCODE**

**MOBILE**

**EMAIL**

**MILK PROCESSOR/CO-OP**

**NOMINATED APPROVED VET\***

**PRACTICE NAME & ADDRESS**

**INTENDED SAMPLE TYPE:** blood  milk-only

**IF MILK SAMPLING, PLEASE SELECT YOUR MILK RECORDING ORGANISATION:** Munster AI  Progressive Genetics

\* A current list of Approved Veterinary Practitioners is available from the AHI website. [http://animalhealthireland.ie/?page\\_id=350](http://animalhealthireland.ie/?page_id=350)

### SECTION B: CONSENT(S) AND SIGNATURE

By signing and submitting this form, I confirm that I have read and agree to the Requirements for Registration in the Irish Johne's Control Programme provided with this form (and available on request from AHI). In the event of and in consideration of my Registration and acceptance for participation in the Programme in due course, I undertake, agree, consent, acknowledge, accept and confirm the programme requirements as set out therein.

**SIGNED**  **DATE**

**MUST BE SIGNED TO HAVE COMPLETED**

\* A copy of the Programme Requirements are available on the AHI website, [http://animalhealthireland.ie/?page\\_id=346](http://animalhealthireland.ie/?page_id=346) or may be obtained by contacting the AHI office at 071 9671928.

**NAME**

**HERD NO.**