

## 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.

(Information provided on this form may be shared with AHWNI to facilitate the administration of the BVD Eradication Programme.)

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, 1<sup>st</sup> Floor  
Dungannon Business Cube  
2 Coalisland Rd  
Dungannon,  
Co. Tyrone,  
BT71 6JT

**Telephone: 028 7963 9333**

028 8778 9126

**Email: [info@animalhealthni.com](mailto: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**