

Alpaca Association New Zealand Tb Test Receipt



Herd ID	Injection Date	Reaction Check Date	Tb Control Testing Frequency (yrs)	Recommended Herd Status	Person in Charge / Herd Owner Name:

RESULTS	Episode Type	Test Type	Tuberculin		Number Tested		Tester Name:			
			Batch No.	Expiry Date			Company:			
		Adult Females 2+ Years	Adult Males 2+ Years	1 st Year Females	1 st Year Males	2 nd Year females	2 nd Year Males	Other Females	Other Males	Total
	Number Tested									
	Positive Tests									

POSITIVE RESULTS	Official Tag	Farm Tag	Breed	Sex	Age	Recommended Action

Preferred date for next Whole Herd Test		<i>Test declaration: All reactors awaiting ancillary tests have been identified with ear tags. The test has been applied in accordance with the guidelines of the AANZ.</i>	Owner/Person in Charge of Animals Declaration: <i>As person in charge of the herd I certify that</i>				
Test Comments: <i>may include any farmer/herd information that may require updating, comments on yards or other comments</i>	animals were presented for a:						
	Part			Final		Whole	
		herd test (please tick)					
		Tester Signature:	Signed:				