



BULK TANK PROGRAM ENROLLMENT FORM

Producer Name: _____ Farm Name: _____
 Telephone #: _____ Cell Phone #: _____
 Fax Machine #: _____ Email: _____
 Best Time To Call: _____

Contact Person: _____
 Telephone #: _____ Cell Phone #: _____
 Fax Machine #: _____ Email: _____
 Best Time To Call: _____

Method To Send Results:
 (place "X" below method(s) preferred or fill in "other")

Mail	Fax	Email	Other:

Mailing Address: Street: _____
 City/St/Zip: _____

Farm Address: Street: _____
 (if different from above) City/St/Zip: _____

Herd Size: _____ Producer #: _____
 Milk Co-op: _____ Milk Hauler: _____
 # of Tanks: _____ Tank ID to sample: _____

	<i>Name</i>	<i>LIMS #</i>	<i>contact information</i>
Herd Vet: _____			
CMI: _____			
NYSCHAP Vet: _____			
QMPS Lab: _____			
Other Contacts: _____			
DairyOne Code: _____			VT DHIA Code: _____

Sample Submission Method:

Co-op	Farm PU	Hauler	DairyOne	Other

Sample Schedule		
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DATES OF SAMPLE RECEIPT		

Notes:	
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