



DPF-205: Veterinary RCS Herd Health Form

- For the purposes of satisfying Regulation 74 for the production of raw milk under the Raw Milk for Sale to Consumers Regulations 2015

1. Farm Dairy Operator Details			
Farm Dairy RCS ID		Date of Veterinary Visit	
Farm Dairy Operator			
Farm Dairy Address			
Telephone/Mobile			

2. Veterinarian Statement			
To be completed by the veterinarian for the milking herd			
<p>I have been requested by the farm dairy operator to carry out a visual inspection of the herd for the purposes of regulation 74 of the Regulations and I have carried out such an inspection. The nature of my instructions from the farm dairy operator is such that I am only able to provide a general assessment of the outward appearance of the health of the herd. I have not inspected each member of the herd in a manner that would allow me to certify them individually as outwardly healthy in appearance.</p> <p>I have advised the farm dairy operator of those members of the herd, if any, that I was able to observe which were not outwardly healthy. This statement does not in any way attest to the treatment of those animals following this advice.</p> <p>Please note: This statement does not make any representation as to:</p> <ul style="list-style-type: none"> a) The health of the herd in any respect that cannot be visually assessed; b) The outward appearance of the health of the herd on any other day or time; c) Whether milk from this herd is fit for human consumption. <p>It is not possible to guarantee the safety of raw milk for human consumption through visual inspection of the milking animals. Possible human health risks associated with the consumption of raw milk include (but are not limited to) the bacterial infections Salmonella, Campylobacter, Listeria, Escherichia coli and Tuberculosis. These health risks cannot be ruled out by visual inspection. They may be present but visually undetectable, or may arise at any time following certification.</p> <p>The Veterinarian accepts no liability to anyone who relies on the contents of this statement in considering the safety of raw milk from the herd. This assessment does not replace or limit the Farm Dairy Operator's continuing obligations under the Regulations.</p>			
Veterinarian			
Veterinary Practice Name, Address, Telephone			
Signature		Date	

3. Farm Dairy Operator Declaration			
To be completed by the farm dairy operator			
<p>I hereby declare that:</p> <ul style="list-style-type: none"> a) I am the farm dairy operator responsible for the RCS milking herd which has been assessed. b) Milk is only sourced from animals that have been made available for veterinary assessment. c) I am not aware of any disease or injury present within the milking herd that might adversely affect the raw milk produced by the animals. 			
Farm Dairy Operator			
Signature		Date	