

STATE OF CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE ANIMAL HEALTH AND FOOD SAFETY SERVICES ANIMAL HEALTH BRANCH 1220 N STREET, SACRAMENTO, CA 95814

TELEPHONE: (916) 900-5002

CDFA Highly Path	ogenic Avian Influenza	(HPAI) in Livestock Mo	nitored Herd Agreement
This agreement made thi	is day of	,("Effecti	ve Date") by and between
{In	nsert name of dairy own	er} (hereinafter called "Ov	vner"), and California
Department of Agricultu	re, Animal Health Brand	ch (hereinafter called "CD]	FA").
Owner is the owner of the	ne dairy described below	v:	
Dairy Name:			
Dairy Address			
(Street, City, Zip):			
Owner Phone		National Premises	
Number:		Identification Number	
		(NPIN):	
Veterinarian:		Veterinarian Phone	
		Number:	
Herd Size:			

Monitored Herd Participation Criteria:

- 1. The owner agrees to follow the <u>Healthy Lactating Dairy Cattle Testing Protocol for use in Pre-Movement or Surveillance</u> developed by CDFA. (a copy of the protocol was provided to the owner)
 - a. Collect samples under the direction of an accredited veterinarian following option 1 in the Healthy Lactating Dairy Cattle Testing Protocol.
 - b. Collect bulk tank samples representative of all cattle in the milking string:
 - c. Collect bulk tank sample representative all cattle in the hospital (sick) pen:
 - d. Provide NPIN on the laboratory submission form and check the boxes for surveillance and monitored herd on the form.
- 2. The owner agrees to allow CDFA to verify monitored herd status to third parties requesting verification.
- 3. The owner agrees to allow CDFA personnel to conduct audits of sampling procedures at a frequency of every other month.
- 4. In the event clinical signs of HPAI H5N1 are observed on the dairy outside the sampling frequency specified in 1.b. above, samples will immediately be collected and submitted to the laboratory.
- 5. If the owner fails to comply with the above requirements the premises may be removed from the monitored herd program unless the owner complies with corrective actions outlined by CDFA.



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Dairy Owner/Agent:	,	
Print Name	Signature	Date
CDFA Representative:		
Print Name	Signature	Date