



Animal Health Diagnostic Center

College of Veterinary Medicine, Cornell University
In Partnership with the NYS Dept. of Ag & Markets

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Survey Request Form

NYS Dept. of Ag and Markets, Division of Milk Control

I wish to enroll in **Quality Milk Production Services** and have a herd survey done at the earliest convenience.
(Print this form and fill out as completely and legibly as possible. Upon completion, please send to :

Name: _____ Address: _____

Town, State and Zip Code: _____ County: _____

Phone(s): _____ Best Time to Call: _____

Fax: _____ Email: _____

Directions to Farm: _____

Number of Cows Milking: _____ Milking Times: _____ to _____; _____ to _____; _____ to _____

Cows have Permanent ID: Y / N

Type of Barn: Tiestall / Stanchion / Freestall

Milking System: Bucket / Pipeline / Flat Barn Parlor / Parlor Parlor Size: Double _____ No. of Units: _____

Switch Cows: Y/N Switch How Many: _____ Time of Switch (at morning milking) _____

Veterinarian: _____

Milk Inspector: _____

Address: _____

Milk Plant/BTU: _____

Address: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Nature of Problem: High Cell Counts _____ High Clinicals _____ High bacteria counts _____

Other Problems: _____

DHIA or Other testing Service: Y / N Herd Number _____ Access Code: _____

Survey Type: V / R Somatic Cell Service: Y / N Average Linear Score: _____

Comments: _____

Date: _____ Producer Signature: _____