



### CDFA Highly Pathogenic Avian Influenza (HPAI) in Livestock Monitored Herd Agreement

This agreement made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (“Effective Date”) by and between \_\_\_\_\_ {Insert name of dairy owner} (hereinafter called "Owner"), and California Department of Agriculture, Animal Health Branch (hereinafter called “CDFA”).

Owner is the owner of the dairy described below:

<b>Dairy Name:</b>			
<b>Dairy Address (Street, City, Zip):</b>			
<b>Owner Phone Number:</b>		<b>National Premises Identification Number (NPIN):</b>	
<b>Veterinarian:</b>		<b>Veterinarian Phone Number:</b>	
<b>Herd Size:</b>			

#### Monitored Herd Participation Criteria:

1. The owner agrees to follow the [Healthy Lactating Dairy Cattle Testing Protocol for use in Pre-Movement or Surveillance](#) developed by CDFA. (a copy of the protocol was provided to the owner)
  - a. Collect samples under the direction of an accredited veterinarian.
  - b. Submit samples once a week for 4 weeks then every other week thereafter based on sample size outlined in table.

<b>Milking Herd Size</b>	<b>Sample Size Ongoing Surveillance</b>
<33 head	Sample all lactating cows in herd
1,000 head or less	33
Greater than 1,000 head	34

- c. Collect samples in the following priority:
  1. Cows with clinical signs consistent with HPAI (H5N1)
  2. Cows in hospital pen
  3. For dairies with activity monitors: cows with health alert/event on activity monitor
  4. Cows 30-150 DIM
  5. All other cows in the herd not mentioned above to reach the sample size target in the table above
- d. Provide NPIN on the laboratory submission form and check the boxes for surveillance and monitored herd on the form.



CALIFORNIA DEPARTMENT OF  
FOOD & AGRICULTURE

Karen Ross, Secretary

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

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.

**Dairy Owner/Agent:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CDFA Representative:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date