

AMERICAN DAIRY GOAT ASSOCIATION

APPLICATION FOR ENTERING HERD ON OFFICIAL DHIR TESTING

Name of Herd Owner _____

ADGA ID #'s of additional members or partnerships with animals managed in this herd _____

Mailing Address _____

Date of Application _____ Date of First Expected Test _____

* If OS 40 for AR is being applied for, documentation of your tester training must be included with this application.

Type of Test: ð Group ð Standard	TEST TYPE PLAN: “ DHIR 20–Standard “ ADGA ITP 02–APCS “ DHI 40 Owner/Sampler ST “ DHIR 21–APT (in line timer) “ DHIR 22–APCS “ DHI 40 Owner/Sampler AR * “ ADGA ITP 00–EOM “ ADGA ITP 01–APT “ DHIR 23–AP (bulk tank req.)
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Tester: Name, ID#, Telephone/Email:	Name of DHIA :
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DRPC: “ AgSource “ DHI Provo “ DRMS (Raleigh) “ Langston “ AgriTech Analytics

MEMBERS OF TESTING GROUP (List Group Leader first)		
Name/Tester ID #	ADGA ID #	Telephone/Email

Annual Herd Renewal Test Fee 1-5 does \$ 45.00 Annual Herd Renewal Test Fee 6-25 does \$ 50.00 Annual Herd Renewal Test Fee 26+ does \$ 75.00 Amount Enclosed \$ _____	“ Check Enclosed Check # _____ “ VISA/MasterCard Exp. Date _____ Card # _____
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It is strongly encouraged that two separate herd codes be maintained if both standard and miniature breeds are on DHIR. Herdcode(s) can be submitted later after assigned by DHIA.

DHI Herd Code # _____ - _____ - _____ (Standard Breed)

DHI Herd Code # _____ - _____ - _____ (Miniature Breed)

I understand that it is my responsibility to know and abide by all NCDHIP, DHIA, and ADGA testing rules. I understand that any fraudulent practice in feeding, care, or management of my does on test that is intended to cause, or does cause an abnormal yield of milk, butterfat, protein, or is intended to influence rolling herd averages or USDA genetic evaluations is a violation of NCDHIP and ADGA rules. I understand that any violation of these rules may cause the rejection, or the expunging and canceling of the record; and, in addition may cause me to be denied the use of and privileges of DHIR Testing.

Signature of Owner _____ ADGA ID# _____

Visa/ MC _____ Expiration date _____

P.O. Box 865 Spindale NC 28160
 828-286-3801 Fax 828-287-0476
performanceprograms@adga.org
www.ADGA.org

List on the reverse side of this form the barn name, registration name and number, and birth date for all does on test.

