

Kinder Goat Breeders Association
Application or Renewal of a herd on DHIA Testing

First time applicant Renewal

Name _____

Date _____

KGBA Member # _____

Mailing Address _____

Date of First Expected Test _____

* If O/S 40 is being applied for, documentation of your tester training must be included with this application*

Type of Test: Standard Owner/Sampler Group Other

Tester; Name, ID#, Phone, Email _____

Name of DHIA _____

For Group Testing - List members with group leader first.

Name	DHIA Tester #	KGBA Member #	Phone #/Email
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DHI Herd Code # _____ - _____ - _____

I understand that it is my responsibility to know and abide by all NCDHIP, DHIA, and KGBA 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 KGBA 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; _____

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