

**Kinder® Goat Breeders Association
BREEDING MEMORANDUM**

Name of Doe _____ KGBA Registration # _____

Generation _____ Tattoos: Right _____ Left _____ Birthdate _____

Color/Description _____

Owner of Doe * _____ KGBA Member # _____

Address _____ City _____ State _____ Zip _____

Name of Buck _____ KGBA Registration # _____

Generation _____ Tattoos: Right _____ Left _____ Birthdate _____

Color/Description _____

Owner of Buck * _____ KGBA Member # _____

Address _____ City _____ State _____ Zip _____

Date of Service _____ to _____ Signature of Owner of Buck _____
*at time of service

There is no fee for this transaction.

Revised 04/2014

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Generation _____ Tattoos: Right _____ Left _____ Birthdate _____

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Owner of Doe * _____ KGBA Member # _____

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Name of Buck _____ KGBA Registration # _____

Generation _____ Tattoos: Right _____ Left _____ Birthdate _____

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