Kinder Goat Breeders Association Verification Test Form

All verifications require 3 supervised tests. An owner is not considered a Supervisor!

	+									
regionation #	Yr/Mo	No.			Milk			_	Fat	Protein
ge with herd co enter.	de or ind	clude a	copy of this	s inform	nation f	rom yo	ur doe	page rece	ived from	the
IEETING VERI	FICATIO	ON TES	ST REQUIR	EMEN ⁻	TS – U	se add	itional s	sheets if n	ecessary.	identifv
er comments or	observa	ations:_								
									_	
es: 1/10th increi	ments?	Yes	No 10	. Date o	of last o	ertifica	tion:		_	
		•	•				,			
ditional shoots	26 2000	econ/	identify each	- shoot	with th	o Hord	Codo)		· · · · · · · · · · · · · · · · · · ·	
				g proce	dure th	nat may	/ have t	aken plac	e at the ti	me of
		_		ageme	nt chan	iges th	at migh	t have affe	ected	
_										
•		-		_						
•							iloation	that mate	iics tilat	
•	•				form o	f identi	fication	that matc	hes that	
•					of veri	lication)			
			•				_	_YesN	0	
· · · · · · · · · · · · · · · · · · ·										
:/Email										
S										
					Herd	Name				
oae; -	-				VEIII	icatioi	ı resti	Dale		
	est Plan	est Plan	est Plan	Name	Plan	Preventan	Previous T Herd Name Herd Name	Previous Test Da Herd Name // Tester Tester Tester Tester Tester Tester Tester Tester Milk & on test? (All KGBA does must be registered at the time of verification) I milking does being tested? Yes No all does being verified identified by a permanent form of identification on as provided on the registration certificates? Yes No type(s) of visible ID are used for the herd? Is the provided on the registration certificates? Yes No type(s) of visibly identified: Reason(s) Is ilking machine used? Yes No eather conditions, feeding, or recent management changes that mighton: The provided and the provided and the provided All	Previous Test Date	Previous Test Date

Dates and Times of Milking	for	this	test
----------------------------	-----	------	------

Herd Code -		-
-------------	--	---

Circle am or pm, or use military time

Address:_

*3rd milking space is ONLY for herds milking 3 times per day

Date/Tester Initials	Start Time	Stop Time	Date/Tester Initials	Start Time	Stop Time
PRE	AM/PM	AM/PM	2nd	AM/PM	AM/PM
1st	AM/PM	AM/PM	3rd*	AM/PM	AM/PM

VERIFICATION TEST DATA FOR DOES MEETING REQUIREMENTS - Use additional sheets if necessary, identify each page with herd code

		Milking	Order ar	nd Pound	ds of Milk	(24 Hr F	Produ	ction	Previo	ous Tes	st Data
Control							#	%	%	#	%	%
#	Name	Milking	Pre-	Weight	Weight	Weight	Milk	Fat	Pro	Milk	Fat	Pro
		Order	Weight	#1	#2	#3*						

SUPERVISOR/ FIELD TECHNICIAN - PLEASE PRINT & SIGN NAME BELOW

Print Name	Phone#	Print Name	Phone#
	and/	or	
Regular Supervisor, Group Member or	Owner Sampler signature	Verification Supervisor	(cannot be a group member!) Signature
Verification Test Conducted	in PLAC	E of regular test	as an EXTRA test
Reason for Verification Test			_DHI Association Request e in RHA(Rolling Herd
Average)	_Suspicion of Rule Vi	olationHigh indiv	vidual production/components
TO BE COMPLETED BY STATE (This form will not be accepted with I have discussed any rule violate owner Initials Verification Test Outcome: A	hout a Manager's signa ions reported in the q	ture) Juestions above with t	ne regular supervisor or herd
Signed	Recom	Title	ner investigation Needed
Name of DHIA:		-	

Telephone, FAX, or e-mail contact____

Send Completed Form to; KGBA 13852 Travois Trl, Parker, CO 80138