

Kinder Goat Breeders Association Doe Chain Records

Recipient: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____
E-Mail: _____

Donor: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____
E-Mail: _____

Begin date: Date Contract fulfillment: Date
KGBA Article submitted to Kathrin Bateman: Date

Meeting Dates:

Year One: Date, Date, Date
Year One: Date, Date, Date

Shows: Date, Show Placements; Date, Show Placements;

Skill Review:

Hoof trimming	Date
Giving shots, worming and giving bolus	Date
Fitting the goat	Date
Showing the goat	Date
Reading a feed tag	Date
Establishing a Veterinary Client Patient Relationship	Date
How to disbud a goat	Date
How to castrate a goat	Date

Breeding the Doe:

Sire: Name, KGBA Registration Number

Date(s) Bred: Date

Date Kided: Date

Recipient: Name, address, Phone Number