Kinder Goat Breeders Association Verification Test Form

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

Hand Cada		\ /a wit	::4: T 4 [Data					
Herd Code;			Verification Test Date Previous Test Date						
DHIR Test Plan									
Owner Name			Name						
Address									
Phone#/Email									
Regular Tester		Te:	ster ID#						
Are registration papers (All KGBA does)	available for all registe must be registered at	ered does in mill the time of verif	k & on test? _)				
Are all milking does bei									
3. Were all does being ve information as provided or	n the registration certif	icates?Yes _	_No						
4. What type(s) of visible									
5. # of does not visibly ide	,								
6. Is a milking machine us				t have affected	ata d				
7. List weather conditions	•	•	iges mai mign	it flave alle	ctea				
production:8. Note any other variation	n from the normal milk	ing procedure th	nat may have t	taken nlac	at the ti	me of			
test:		ing procedure ti	iat may nave	taken place	o at the th	1110 01			
(Use additional sheets as	necessary, identify ea	ch sheet with th	e Herd Code)						
APPROVED WEIGHING									
9. Scales: 1/10th increme	ents?YesNo 1	0. Date of last c	ertification:		_				
11. Meters: (Indicate type	e) 1;	2. Date of last c	ertification:		_				
13. Other comments or of	oservations:								
DOES MEETING VERIFIC	CATION TEST REQUI	REMENTS – U	se additional s	sheets if ne	ecessary	identify			
each page with herd code record center.					=	-			
Control# Registration # A	Age Lact. Date kidde	d Actual Actual	Actual Actual	Projected	Projected	Proiecte			

Control#	Registration #	Age	Lact.	Date kidded	Actual	Actual	Actual	Actual	Projected	Projected	Projected
		Yr/Mo	No.	mm/dd/yyyy	DIM	Milk	Fat	Protein	Milk	Fat	Protein

Dates and	Times of	Milkina	for	this	test

Herd Code	_	-	
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Circle am or pm, or use military time

*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 and Pounds of Milk					24 Hr F	rodu	ction	Previo	ous Tes	t 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	e Phone#
Fillit Name	Priorie#	Fillit Name	: Filone#
	and	/or	
Regular Supervisor, Group Member or O	wner Sampler signature	Verification Supe	ervisor (cannot be a group member!) Signature
Verification Test Conducted	in PLAC	CE of regular test	tas an EXTRA test
Reason for Verification Test	O/S Test Plan	Sudden In	DHI Association Request crease in RHA(Rolling Herd Average) h individual production/components
owner Initials	out a Manager's signa ons reported in the	ature) questions above	with the regular supervisor or herd
Verification Test Outcome:Ac	· —	_	_
Signed			
Name of DHIA:			
Address:			
Telephone, FAX, or e-mail contact			
Send Completed Form to; KGB	A % Ashley Kenne	dy 16626 York R	d, Monkton MD 21111