



## Milk Testing Program Application

Name: \_\_\_\_\_

Herd Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

Membership #: \_\_\_\_\_

Number of Does on test: \_\_\_\_\_

(This is the total number after all your does have freshened.)

Date of Anticipated Freshening: \_\_\_\_\_

Desired Testing Plan:      180 days                      240 days                      305 days\*\*\***Please**

**Note-Stars can be earned on all test plans. Awards are earned on 240 & 305 plans in addition to stars. To be eligible for Stars-at least one verification test must be done when the majority of the herd is 60-150 days in milk.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form along with the Doe Information Form and Payment for Initial Supplies to: Dual Purpose Goat Project, PO Box 560, Johnson Creek, WI 53038 (to pay online, just select the proper test plan AND proper number of does to receive the correct number of sample vials and checkout. Then email us your completed Milk Test Program Application and Doe Information form or drop them in the mail.**

**Email address is: [info@dualpurposegoatproject.com](mailto:info@dualpurposegoatproject.com))**

