



Milk Testing Doe Info Sheet

Name: _____ Date: _____

Herd Name: _____

	Doe Barn Name (Do not list registered name, just Barn Name)	Barn ID# (Neck Tag #, Try to list in milking order as this is how your Barn Sheet will be listed)	Permanent ID # (Tattoo, Ear Tag # or Microchip#)	# of Lactations (including this freshening. Example... If your doe is a First Freshener, you would use #1)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

(For more than 10 does please use another sheet)

Return this form along with Milk Testing Program Application 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. Email address is: info@dualpurposegoatproject.com)