

AMERICAN DAIRY GOAT ASSOCIATION

APPLICATION FOR ENTERING A NEW HERD ON OFFICIAL DHIR TESTING – INCLUDES ADGA PLUS

Name of Herd Owner _____

ADGA ID #'s of additional members or partnerships with animals managed in this herd _____

Mailing Address _____

Date of Application _____ Date of First Expected Test _____

* If OS 40 for AR is being applied for, documentation of your tester training must be included with this application.

Type of Test: <input type="checkbox"/> Group <input type="checkbox"/> Standard <input type="checkbox"/> Owner	<u>TEST TYPE PLAN:</u> <input type="checkbox"/> DHIR 20–Standard <input type="checkbox"/> ADGA ITP 00–EOM	<input type="checkbox"/> ADGA ITP 02–APCS <input type="checkbox"/> DHIR 22–APCS <input type="checkbox"/> DHIR 23–AP (bulk tank req.)	<input type="checkbox"/> DHI 40 Owner/Sampler AR * <input type="checkbox"/> DHI 40 Owner/Sampler ST
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Tester: Name, ID#, Telephone/Email:	Name of DHIA:
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DRPC: AgSource DHI Provo DRMS (Raleigh) Langston AgriTech Analytics

MEMBERS OF TESTING GROUP (List Group Leader first)

Name/Tester ID #	ADGA ID #	Telephone/Email

<input type="checkbox"/> Annual Herd New HerdI Test Fee 1-5 does \$ 45.00 <input type="checkbox"/> Annual Herd New HerdTest Fee 6-25 does \$ 50.00 <input type="checkbox"/> Annual Herd new Herd Test Fee 26+ does \$ 75.00 <input type="checkbox"/> Discount for LA application \$ -5.00 <input type="checkbox"/> ADGA PLUS enrollment & 3 DNA tests \$ 70.00 <small>includes subscription reports for 2015</small> Amount Enclosed \$	<input type="checkbox"/> Check Enclosed Check # _____ <input type="checkbox"/> VISA/MasterCard Exp. Date _____ Card # _____ Discount <u>only</u> if DHIR and LA application are sent together ADGA PLUS requires participation in all programs: DHIR, Linear, & 3 DNA tests per participating year. Please check box(s) at left.
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It is strongly encouraged that two separate herd codes be maintained if both standard and miniature breeds are on DHIR. Herdcode(s) can be submitted later after assigned by DHIA.

DHI Herd Code # _____ - _____ - _____ (Standard Breed)

DHI Herd Code # _____ - _____ - _____ (Miniature Breed)

I understand that it is my responsibility to know and abide by all NCDHIP, DHIA, and ADGA testing rules. I understand that any fraudulent practice in feeding, care, or management of my does on test that is intended to cause, or does cause an abnormal yield of milk, butterfat, protein, or is intended to influence rolling herd averages or USDA genetic evaluations is a violation of NCDHIP and ADGA rules. I understand that any violation of these rules may cause the rejection, or the expunging and canceling of the record; and, in addition may cause me to be denied the use of and privileges of DHIR Testing.

Signature of Owner _____ ADGA ID# _____

Visa/ MC _____ Expiration date _____

P.O. Box 865 Spindale NC 28160
 828-286-3801 Fax 828-287-0476
 performanceprograms@adga.org