

Herd Code(s): _____ - _____ - _____ (standard)
_____ - _____ - _____ (miniature)

Verification Test Date: _____

One Day Milk Competition? Yes*: No:

* If yes, this form AND the 1-day form must be used and sent

DHIR Test Plan: ADGA-00 ADGA-02 O/S-40
 DHIR-20 DHIR-22 DHIR-23 Other? _____

Previous Test Date: _____

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

**American Dairy Goat Association
SUPERVISOR'S REPORT of DOE or HERD VERIFICATION TEST**

Herd Name _____ Person in Charge of Herd _____

Address _____ Telephone/E-Mail _____

Regular Tester _____ Tester ID # _____

PLEASE ANSWER ALL QUESTIONS COMPLETELY AND IN DETAIL, WHERE NECESSARY.

HERD INFORMATION # of Strings _____ # of Does in Milk: registered _____ other _____

1. Are registration papers available for all registered does in milk & on test? Yes No
(All ADGA does must be registered at time of verification)
2. Are any breeds not on test? _____
3. Are all milking does of the breeds on test, regardless of ownership, being tested? Yes No
4. Were all does for DHIR verification requirements identified by a **permanent** form of identification that matches that information as provided on the registration certificates? Yes No
5. What type(s) of visible ID are used for the herd? _____
6. # of does not visibly identified: _____ reason(s): _____
7. Is a milking machine used? Yes No
8. List weather conditions, feeding, or recent management changes that might have affected production: _____
9. Note any other variation from the normal milking procedure that may have taken place at the time of test: _____

Use additional sheets if necessary, identify each page with herd code.

APPROVED WEIGHING & SAMPLING DEVICES (device must be certified annually!)

10. Scales: 1/10th increments? Yes No
11. Date of last calibration: _____
12. Meters: (Indicate type) _____
13. Date of last calibration: _____
14. Other comments or observations: _____

DOES MEETING VERIFICATION TEST REQUIREMENTS – Use additional sheets if necessary, identify each page with herd code or include a copy of this information from your doe page received from the record center.

Index/ Control #	Reg. #	Age Yrs/Mos	Lact. No.	Date Kided mm/dd/yy	Actual DIM	Actual Milk	Actual Butterfat	Actual Protein	Projected Milk	Projected Butterfat	Projected Protein

DATES AND TIMES OF MILKING FOR THIS TEST

Herd Code(s): _____ - _____ - _____
 _____ - _____ - _____

Circle AM or PM or use Military Time *3rd milking space is ONLY for herds milking 3 times per day

Date/Tester Initials	StartTime	StopTime	Date/Tester Initials	StartTime	StopTime
PRE	AM/PM	AM/PM	2 nd	AM/PM	AM/PM
1 st	AM/PM	AM/PM	3 rd *	AM/PM	AM/PM

VERIFICATION TEST DATA FOR DOES MEETING REQUIREMENTS - Use additional sheets if necessary, identify each page with herd code.

Index/ Control #	Barn Name or Sample #	MILKING ORDER & LBS MILK					24 HOUR PRODUCTION			PREVIOUS TEST DAY		
		Milking Order	Pre-Wt.	Wt: 1 st	Wt: 2 nd	Wt: 3 rd	# Milk	% Fat	% Pro	# Milk	% Fat	% Pro
		Order:										
		Order:										
		Order:										
		Order:										
		Order:										
		Order:										
		Order:										

SUPERVISOR/ FIELD TECHNICIAN - PLEASE PRINT & SIGN NAME BELOW

(print name) _____ Telephone # _____ (print name) _____ Telephone # _____

Regular Supervisor, Group Member or Owner Sampler Signature _____ Tester ID # _____ and/or Verification Supervisor (cannot be a group member) Signature _____ Tester ID # _____

Verification Test Conducted In PLACE of regular test As an EXTRA test

Reason for Verification Test

- ADGA Request
- Innovative Test Plan
- Sudden Increase in RHA
- High Individual Production/Components
- DHI Association Request
- Request by Dairyman/Owner
- Suspicion of Rule Violation
- Other _____

TO BE COMPLETED BY STATE/AFFILIATE/ASSOCIATION MANAGER – (This form will not be accepted without a Manager's signature) ◀

I have discussed any rule violations reported in the questions above with the regular supervisor or herd owner. _____ Initials

Verification Test Outcome: Acceptable Recommend a retest Further Investigation Needed

Signed _____ Title _____

Name of DHIA: _____

Address: _____

Telephone, FAX, or e-mail contact _____

Send Completed Form To: American Dairy Goat Association, Performance Programs
 P.O. Box 865 - Spindale, NC 28160 828-286-3801

TO BE COMPLETED BY ADGA

Control #	Test Day Milk	Previous Milk	% Change +/-	Test Day Fat	Previous Fat	% Change +/-