

**THE DAIRY GOAT SOCIETY OF SOUTH AUSTRALIA INC.**  
**HERD RECORDING SCHEME APPLICATION FORM**

I.....

ADDRESS.....

TELEPHONE.....

1. Wish to join the South Australian Herd Recording Scheme for the ..... Season.
2. I agree to pay such Fees as set down by the Committee
3. I agree to abide by all State and Federal Rules.
4. I will abide by the time Rules
  - a. A recorded lactation shall be for a period not exceeding 365 days.
  - b. The scheme is based on recording at normal monthly intervals.
  - b. The first recording must take place no later than 90 days after kidding.
  - c. If kidding date is unknown 15 days credit prior to first recording will be given.
  - d. No consecutive recording of individual goats are to be made more than 70 days or less than 21 days.
- e. The average length of sub - period in any lactation shall not exceed 42 days.
5. I have read the rules and understand them.
6. All information I will provide, will to my knowledge be true and correct.
7. I understand that the milk samples will be sent for testing to obtain the Butterfat %, Protein %, and Cell counts.
8. If I fail to observe the Rules , I understand that
  - a. Calculation of figures will cease.
  - b. The figures will not be able to be claimed or used in any way.

**SIGNED**.....

**DATE**.....

**My Monitor Will be**.....

**ADDRESS**.....

**TELEPHONE**.....

**MILK AWARD OFFICER**.....

**DATE**.....

**Complete both sides of this form and together with appropriate Fees, forward to the  
HERD RECORDING OFFICER.**

Name of Doe: ..... H.B. No ..... Kidding Date: ..... Tattoo ..... Bottle No ..... Award : .....

DOB: ..... Breed: ..... Lactation No: .....

Time	Milk	B.F.%	B.F (Kg)	Points	Days in milk	x 0.01 =
S/Out	n/a	n/a	n/a	Time	Total milk (kg)	x 2.2(=) + Time points =
Milking 1				Star	Total B.F (kg)	x 44(=) + Star Points =
Milking 2				Q Star	Milk Awards Officer Use Only	
Total / Mean					H.B. Ref. ....	

Name of Dam: ..... H.B. No ..... Award: .....

DOB: ..... Breed: ..... Lactation No: .....

Time	Milk	B.F.%	B.F (Kg)	Points	Days in milk	x 0.01 =
S/Out	n/a	n/a	n/a	Time	Total milk (kg)	x 2.2(=) + Time points =
Milking 1				Star	Total B.F (kg)	x 44(=) + Star Points =
Milking 2				Q Star	Milk Awards Officer Use Only	
Total / Mean					H.B. Ref. ....	

Name of Doe: ..... H.B. No ..... Kidding Date: ..... Tattoo ..... Bottle No ..... Award : .....

DOB: ..... Breed: ..... Lactation No: .....

Time	Milk	B.F.%	B.F (Kg)	Points	Days in milk	x 0.01 =
S/Out	n/a	n/a	n/a	Time	Total milk (kg)	x 2.2(=) + Time points =
Milking 1				Star	Total B.F (kg)	x 44(=) + Star Points =
Milking 2				Q Star	Milk Awards Officer Use Only	
Total / Mean					H.B. Ref. ....	

Name of Dam: ..... H.B. No ..... Award: .....

DOB: ..... Breed: ..... Lactation No: .....

Time	Milk	B.F.%	B.F (Kg)	Points	Days in milk	x 0.01 =
S/Out	n/a	n/a	n/a	Time	Total milk (kg)	x 2.2(=) + Time points =
Milking 1				Star	Total B.F (kg)	x 44(=) + Star Points =
Milking 2				Q Star	Milk Awards Officer Use Only	
Total / Mean					H.B. Ref. ....	

Name of Doe: ..... H.B. No ..... Kidding Date: ..... Tattoo ..... Bottle No ..... Award : .....

DOB: ..... Breed: ..... Lactation No: .....

Time	Milk	B.F.%	B.F (Kg)	Points	Days in milk	x 0.01 =
S/Out	n/a	n/a	n/a	Time	Total milk (kg)	x 2.2(=) + Time points =
Milking 1				Star	Total B.F (kg)	x 44(=) + Star Points =
Milking 2				Q Star	Milk Awards Officer Use Only	
Total / Mean					H.B. Ref. ....	

ALL INFORMATION SUPPLIED ON THIS FORM MUST BE SUPPLIED AT THE TIME OF TESTING. OMISSIONS WILL RENDER THIS TEST INVALID.

NOTE: 1) Stewards or Testing Officers by signing this form guarantee that all the requirements of subparagraph (e) of D.G.S.A. Regulation 62 has been complied with.

2) The butterfat tester by signing this form certifies that the B.F. % stated refers to the bottle number shown in the form above. 3) Certification by the State Milk Awards Officer is subject to acceptance for Type and Production classes.

Name and Address of Steward: ..... Signature: .....

Name and Address of Tester/Sampler: ..... Signature: .....

Name & Co. Or Dept. of Butterfat Tester: ..... Signature: ..... Branch, DGSA Inc.

(not necessary if recognised herd recording sheet or authorised BF%testing sheet attached)

All information contained in this form is true and correct. Authority to claim. Signature of Owner: ..... Milk Awards Officer's Signature: .....