



American Dairy Goat Association

PO Box 865 • Spindale NC 28160

Phone (828)286-3801

Fax (828)287-0476

adga@adga.org

www.adga.org

HERD BOOK CHANGE REVIEW

FULL NAME OF ANIMAL Has Semen Been Collected on this Animal? <input type="checkbox"/> Yes <input type="checkbox"/> No		<p>The Herd Book Change Review committee will review the information presented to determine the type of change and its significance/effect upon the registry.</p> <p>Action based on type of change and circumstances:</p> <ol style="list-style-type: none"> Animal in question is under one year of age, with no progeny, and a subsequent owner is requesting the change. Animal in question is over one year of age, has extensive progeny, and a subsequent owner is requesting the change. Animal in question is over one year of age; however, has no progeny and the breeder/owner is requesting the change. Animal in question is over one year of age, has limited progeny, and the breeder/owner is requesting the change. Animal in question is under one year of age, with no progeny, and the breeder/owner is requesting the change. <p>Attach a Colored Photograph of animal with Current color and markings.</p> <p>Please, also attach a Colored Photograph of animal as Originally colored (if available).</p> <p>The ADGA office or Committee Chair may request additional information to make a determination.</p> <hr/> <p style="text-align: center;">OFFICE USE ONLY</p> <p>Date of Registration _____</p> <p>List of Progeny _____</p> <p>Linear Appraisal Scores including Misc. Codes _____</p>
REGISTRATION NUMBER	SEX Buck <input type="checkbox"/> Doe <input type="checkbox"/>	
BREED OF ORIGINAL REGISTRATION	DATE OF BIRTH	
ORIGINAL DESCRIPTION		
BREEDER Name, address and ID# of owner of dam at date of service. ID# _____		
Name _____		
Address _____		
City _____ State _____ Zip _____		
OWNER Name, address and ID# of owner. ID# _____		
Name _____		
Address _____		
City _____ State _____ Zip _____		
NEW HERD BOOK BREED REQUESTED	DATE OF HERD BOOK CHANGE REQUEST	
REASON FOR HERD BOOK CHANGE REQUEST		
NEW DETAILED COLOR AND MARKINGS, if applicable (Limited to 69 letters and spaces)		
SIGNATURE I hereby certify to the truth and accuracy of the above data. ID# _____		
Signature _____		
Name _____		
Address _____		
City _____ State _____ Zip _____		
FEE Member \$4.00 Nonmember \$6.00		
Visa/MasterCard/Discover _____ Expiration Date _____		
Name on Card _____		