Herd Code(s): __________ - __________ - __________

Verification Test Date: __________

One Day Milk Competition? Yes: ◦ No: ◦ *

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

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 certification: __________

12. ◦ Meters: (Indicate type) __________________________

13. Date of last certification: __________

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.

<table>
<thead>
<tr>
<th>Index/</th>
<th>Control #</th>
<th>Reg. #</th>
<th>Age</th>
<th>Lact.</th>
<th>Date Kinded</th>
<th>Actual</th>
<th>Actual</th>
<th>Actual</th>
<th>Actual</th>
<th>Projected</th>
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<td>mm/dd/yy</td>
<td>DIM</td>
<td>Milk</td>
<td>Butterfat</td>
<td>Protein</td>
<td>Milk</td>
<td>Butterfat</td>
<td>Protein</td>
</tr>
</tbody>
</table>
### 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*

<table>
<thead>
<tr>
<th>Date/Tester Initials</th>
<th>Start Time</th>
<th>Stop Time</th>
<th>Date/Tester Initials</th>
<th>Start Time</th>
<th>Stop Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE</td>
<td>AM/PM</td>
<td>AM/PM</td>
<td>2ND</td>
<td>AM/PM</td>
<td>AM/PM</td>
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<tr>
<td>1ST</td>
<td>AM/PM</td>
<td>AM/PM</td>
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</tbody>
</table>

### Verification Test Data for Does Meeting Requirements

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

#### Milking Order & Lbs Milk

<table>
<thead>
<tr>
<th>Index/Control #</th>
<th>Barn Name or Sample #</th>
<th>Milking Order</th>
<th>Pre-Wt.</th>
<th>Wt: 1st</th>
<th>Wt: 2nd</th>
<th>Wt: 3rd</th>
<th># Milk</th>
<th>% Fat</th>
<th>% Pro</th>
<th># Milk</th>
<th>% Fat</th>
<th>% Pro</th>
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#### 24 Hour Production

<table>
<thead>
<tr>
<th>Previous Test Day</th>
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#### Previous Test Day

<table>
<thead>
<tr>
<th>Test Day Milk</th>
<th>Previous Milk</th>
<th>% Change +/-</th>
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#### Verification Test Conducted

- o In PLACE of regular test
- o As an EXTRA test

#### Reason for Verification Test

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

#### Verification Test Outcome

- o Acceptable
- o Recommend a retest
- o Further Investigation Needed

#### 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**

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

**FOR ADGA USE ONLY:**

<table>
<thead>
<tr>
<th>Control #</th>
<th>Test Day Milk</th>
<th>Previous Milk</th>
<th>% Change +/-</th>
<th>Test Day Fat</th>
<th>Previous Fat</th>
<th>% Change +/-</th>
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