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

**ADGA ID Number:** _____

**DHIR Test Plan:**  o ADGA-00    o ADGA-02    o O/S-40

o DHIR-20    o DHIR-22    o DHIR-23    o Other? _____

**Verification Test Date:** _____

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

* If yes, this form <u>AND</u> 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**<br>SUPERVISOR'S REPORT of DOE or HERD VERIFICATION TEST |

Herd Name _____

Address _____

Regular Tester _____

Person in Charge of Herd _____

Telephone/E-Mail _____

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 o  No o
   **(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 o  No o

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 o  No o

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. o  Scales: 1/10<sup>th</sup> increments?   Yes o  No o    11. Date of last certification: _____

12. o  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.

| Index/ Control # | Reg. # | Age Yrs/Mos | Lact. No. | Date Kidded mm/dd/yy | Actual DIM | Actual Milk | Actual Butterfat | Actual Protein | Projected Milk | Projected Butterfat | Projected Protein |
|---|---|---|---|---|---|---|---|---|---|---|---|
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ADGA VT: 11/22

**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 | **2ⁿᵈ** | | AM/PM | AM/PM |
| **1ˢᵗ** | | AM/PM | AM/PM | **3ʳᵈ \*** | | 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 | Pre-Wt. | Wt: 1ˢᵗ | Wt: 2ⁿᵈ | Wt: 3ʳᵈ | # Milk | % Fat | % Pro | # Milk | % Fat | % Pro |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **MILKING ORDER & LBS MILK** | | | | | **24 HOUR PRODUCTION** | | | **PREVIOUS TEST DAY** | | |
| | | Order: | | | | | | | | | | |
| | | Order: | | | | | | | | | | |
| | | Order: | | | | | | | | | | |
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| | | Order: | | | | | | | | | | |

**SUPERVISOR/ FIELD TECHNICIAN - PLEASE PRINT & SIGN NAME BELOW**

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

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

**Verification Test Conducted**          o In <u>PLACE</u> of regular test                    o As an <u>EXTRA</u> test

**Reason for Verification Test**

o    ADGA Request                                o    DHI Association Request
o    Innovative Test Plan                         o    Request by Dairyman/Owner
o    Sudden Increase in RHA                       o    Suspicion of Rule Violation
o    High Individual Production/Components        o    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**:          o Acceptable          o Recommend a retest          o 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

**FOR ADGA USE ONLY:**

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