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NDGA

Kay Hollaway Milk Chair

PO Box 611, Eureka, NV 89316

775-385-7835

\_\_\_\_ DHI **Doe Sheet** Enter the name and all information on the does in the herd that will participate in a Milk Test, or will freshen during the current year.

\_\_\_\_ **Herd Changes** this sheet may be used to inform the office of any changes in the status of the herd during the year of testing. Make copies to use for measuring. Send this sheet with the changes and appropriate fee to Milk Program Chairperson.

\_\_\_\_ Measuring **Form** this sheet is to be used for measuring the height of does participating in any Milk Test and should be signed by the

Certified Milk Tester SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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