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_____

Index No.	Does Registered Name Barn name	NDGA Reg #	Height		Registered Name of Sire / Registered Name of Dam	Reg #	
				S			
				D			
				S			
				D			
				S			
				D			
				S			
				D			
				S			
				D			
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