NDGA One Day or VT Doe sheet

Kay Hollaway, NDGA Milk Chair P.O.Box 611, Eureka, NV 89316

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SAMP.#** |  |  |  |  | **Chip**  | **HEIGHT** |  |  |  |  |  |  |
| **REGISTERED NAME OF DOE** | **REG #** | **BIRTH** | **FRESH** | **TATTOO** |  | **1ST** | **2ND** | **TOTAL** | **FAT %** | **PRO %** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **SIRE** |  |  |  |  |  |  |  |  |  |  |  |
| **DAM** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **SIRE** |  |  |  |  |  |  |  |  |  |  |  |
| **DAM** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **SIRE** |  |  |  |  |  |  |  |  |  |  |  |
| **DAM** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **SIRE** |  |  |  |  |  |  |  |  |  |  |  |
| **DAM** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **SIRE** |  |  |  |  |  |  |  |  |  |  |  |
| **DAM** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **SIRE** |  |  |  |  |  |  |  |  |  |  |  |
| **DAM** |  |  |  |  |  |  |  |  |  |  |  |

Make 2 copies, one goes to the lab along with the samples, one is for your records.

Name of herd owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of tester\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lab name and state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please add any milk awards earned in NDGA to Dams of does being tested.