

NDGA One Day or VT Doe sheet  
 Kay Hollaway, NDGA Milk Chair P.O.Box 611, Eureka, NV 89316

| SA<br>MP<br># | REGISTERED NAME OF DOE | REG # | BIRTH | FRESH | Chip<br>TATTOO | HEIGHT |                 |                 |       | FAT % | PRO % |
|---------------|------------------------|-------|-------|-------|----------------|--------|-----------------|-----------------|-------|-------|-------|
|               |                        |       |       |       |                |        | 1 <sup>ST</sup> | 2 <sup>ND</sup> | TOTAL |       |       |
|               |                        |       |       |       |                |        |                 |                 |       |       |       |
| 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.