



Canadian Goat Society
2017 Official 305 Day (*P)
Milk Recording Program Application

PO Box 31084 Willow West, Guelph, Ontario, N1H 8K1

Phone: 226-486-3251

E-mail: info@goats.ca

Applicant Information

Name _____ Member ID: _____
Last First

Address: _____
Street Address City Province Postal Code

Phone: _____ Email: _____

Date of First Milk Testing: _____ Location: _____

Tester (If applicable): _____
Last First CGS Member ID (if applicable)

Address: _____
Street Address City Province Postal Code

Phone: _____ Email: _____

Group Coordinator

(305 Group Test Only):

_____ *Last First CGS Member ID*

Address: _____
Street Address City Province Postal Code

Phone: _____ Email: _____

Milk Recording Program

Maximum number of does expected to be on testing during the year: _____

- Check One
- 305 Day Supervised (24 Hour)**
 - 305 Day Official Group Test (Round Robin Supervised 24 Hour)**
 - 4 + 4 Owner/Sampler Option**
 - Alternating AM/PM 4 + 4 Owner/Sampler**

Fees Payable to CGS

What type of Program are you signed up for with CanWest DHI or Valacta?

Herd Number assigned by CanWest DHI or Valacta: _____

How long have you participated in 305 Day Milk Recording? _____

These fees include data entry of your production data, mailing of *P Qualified Certificates of Production to you, the herd owner, and publication of your herd's data in the CGS Quarterly Magazine.

- Check One **1 - 15 animals \$50.00 herd fee + \$00.50 per animal - payable once annually**
 16-25 animals \$75.00 herd fee + \$00.50 per animal - payable once annually
 26-100 animals \$125.00 herd fee + \$00.50 per animal - payable once annually
 101+ animals \$175.00 herd fee + \$00.50 per animal - payable once annually

Herd Fee	\$
# Of Animals _____ x \$0.50 =	\$
Sub-Total	\$
Plus HST of 13% (ON, NL), 14% (PEI), or 15% (NB, NS) 5% GST for all other provinces	\$
TOTAL	\$

Fees Payable to CanWest DHI/Valacta

Please contact CANWest DHI or VALACTA for the fee schedule and to arrange testing.

CANWest DHI 1-800-549-4373 or www.canwestdhi.com
VALACTA 1-800-266-5248 or www.valacta.com

Disclaimer and Signature

The CGS office must receive the application and payment before the date of the first testing. A late fee of \$50 may apply to late submissions. By signing this form, you agree to pay the required fees and that all information is correct.

CGS Tester/Group Coordinator's
Signature (If applicable): _____ Date: _____

Applicant's Signature: _____ Date: _____