Canadian Goat Society
2026 Official 305 Day (*P)
Milk Recording Program Application

PO Box 726, Roblin, Manitoba, R0L 1P0
Phone: 639-921-7788 E-mail: info@goats.ca

Applicant Information

Name_____ Member ID: _____
Last *First*

Mailing Address: _____
Street Address *City* *Province* *Postal Code*

Phone:_____ Email:_____

Date of First Milk Testing:_____ Location:_____

Milk Recording Program

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

Check One
☐ **Eight (8) tests per year. All tests can be owner-sampler**
☐ **Six (6) tests per year. All tests can be owner-sampler.**

Fees Payable to CGS

Herds wanting to use a DHI tester and not owner sampler.

Herd Number assigned by Lactanet: _____

These fees are payable to CGS for herds on 305 milk test program.

Check One
☐ **1 - 24 animals: $30.00 herd fee - payable once annually**
☐ **25 and up: $60.00 herd fee - payable once annually**

Herd Fee	$
Plus HST of 13% (ON), 14% (NS), 15% (NB, NL, PEI) 5% GST for all other provinces	$
TOTAL	**$**

Fees Payable to Lactanet

Please contact Lactanet for their fee schedule and to arrange testing
www.lactanet.ca • 1-800-549-4373

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.

I have read the CGS milk test rules and I agree to abide by the rules. I understand that CGS has the right to do a check test of my herd at anytime and agree to send a yearly test date schedule if requested.

Applicant's Signature: _____ Date:_____