

Name	Herdcode	
How many goats in test	Tester ID-	
Type test	If need Supervisor for VT	
Standard- 20	ID Name	
Owner- 40		
ITP- 00, 01 or 02		

DHI Lab for Goats

Agriculture Research & Cooperative Extension
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Acknowledgement of Membership Agreement in the Langston University DHI Lab for Goats

As the owner of dairy goats and being interested in making my herd more efficient and more profitable through the use of herd management records as provided to members of this association, I hereby apply for membership of the above organization and desire DHIA-like testing services.

Should my membership be accepted, I agree:

- 1. To comply with all rules, regulations, administrative procedures and policies now in effect or established by the association during my continued membership, and I acknowledge receipt of a copy of existing rules, regulations, and policy manual which I have read and understand.
- 2. To comply with the National Dairy Herd Information Association (DHIA) Program Uniform Operating Procedures as approved by the Council on Dairy Cattle Breeding and requests from Dairy Records Management Systems (DRMS), and to be responsible equally with the supervisor in seeing that all rules and regulations are complied with in obtaining production records for my herd.
- 3. To cooperate with the supervisor if a supervisor is used in the testing plan which I am enrolled in and to provide him/her access to whatever information I control or have so as to enable him/her to keep complete records for my herd, specifically including but not limited to freshening and dry dates, purchase and sales dates, identification of all animals and plant delivery weights on milk sold.

Date	Signat		ature of Applicant	
Applicant name:				
Name:		Farm Name		
Address:				
City	State	Zip:	County	
Phone:		Email:		
Agreement accepted this privileges of this organization		ember, the applicant is	s entitled to all rights, benefits and	
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