



**Canadian Goat Society
2020 Official 305 Day (*P)
Milk Recording Program Application**

PO Box 31084 Willow West, Guelph, Ontario, N1H 8K1
Phone: 226-332-3166 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: _____

Milk Recording Program

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

- Check One **Eight (8) tests per year**
 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, NL), 14% (PEI), or 15% (NB, NS) 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.

Applicant's Signature: _____ Date: _____