



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:** _____

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)**
☐ **Commercial Dairy Herds**
☐ **4 + 4 Owner/Sampler Option**

Fees Payable to CGS

What type of Program are you signed up for with Lactanet?

Herd Number assigned by Lactanet: _____

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 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.

The undersigned has read the full CGS Milk Recording booklet and agrees to act according to the contents and policies outlined in the booklet.

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

Applicant's Signature: _____ Date: _____