

TMGR One-Day or VT Milk Test



Date Start Time End Time

Milk out			
12 hr Milking			
24 hr Milking			

Herd Owner: _____

Phone/Email of Owner: _____

Sample #	REGISTERED NAME OF DOE	Date Freshened	Generation	Milk Weights (in 1/10 pounds)			From Lab
	Registration Number	Tattoo/Microchip	Height	1st Milk out	2nd (@ 12 hr)	3rd (@ 24 hr)	% Fat
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							

Official Milk Tester Verification:

I verify the goat identification on the registration paper matches the goat and I measured and recorded each goat's height.

I verify I witnessed each of the 3 milkings and accurately recorded all three milk weights for each goat and took samples for 2nd and 3rd milking.

I verify I am not related to the owners of the goats participating in this test and I do not have a financial interest in any of the goats.

Tester Name/Signature/Date:	Tester Phone and email:
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