

MILK PROGRAM DHI COORDINATOR

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APPLICATION FOR MILK TEST PROGRAM

Fill out portion that applies to your test

Applicant: _____

Date of application: _____

Name and address of lab: _____

Application Fee: _____ Check #: _____

(305 day test program) \$5 Herd \$2 per doe

Your Group Certified DHIA testers:

E-mail address: _____ Tel. #. _____

E-mail address: _____ Tel. #. _____

E-mail address: _____ Tel. #. _____

(One Day Test - Application and Fees due 10 days prior to event) \$25.00

Name of club/person holding test: _____

Address: _____

E-mail address: _____ Tel. #: _____

Name and address of Certified DHIA tester: _____

Address: _____

E-mail address: _____ Tel. # _____

Signature of authorized person: _____

Location of one day test _____ Date scheduled _____

(Farm, One day test Application and Fees due 10 days prior to event) \$10 Herd

Name of person holding test: _____

Address: _____

E-mail address: _____ Tel. #: _____

Name and address of Certified DHIA tester: _____

Address: _____

E-mail address: _____ Tel. # _____

Signature of applicant: _____

Location of farm-one day test _____ Date scheduled _____