

APPLICATION FORM FOR PRODUCTION AWARDS

To be sent to your state Milk Awards Officer for forwarding to FMAO.

Please Note: Fill in forms where applicable to award claimed.

Date of Claim

A.Ch.	Previous HR	Goat	Q star	REG Number (Breed+App+Sex + HBVol + Number)				Tattoo	Date of Birth	Date kidded	Award Claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Herd Recording Claims

Milk kgs	BF%	BF kgs	Protein %	Protein kgs	Days in Milk	lactation No for this claim	Age at kidding (in Months)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that the lactation on which this claim was based was recorded in accordance with the regulations of the DGSA Ltd. Which cover the recognition of lactations and allocation of production awards.

Signed: _____

Other Awards e.g. Sire of Merit, Dam of Merit, Sire of Distinction

Daughters	Reg. No.	Awarded	HB Ref.	Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Address: _____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode _____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telephone _____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____

History

Sire	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dam	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sire's Dam	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submitted by _____ Branch _____ Signed By _____ State Milk Awards Officer _____ Payment Enclosed \$ _____