

Office Use Only:

Date:

Receipt No:

New Zealand Dairy Goat Breeders Association (Inc)

Application to Register or Record Only



Breeders Name: _____

Address: _____

Prefix: _____

Breeder Code (Tattoo): _____

See reverse for details of Service Certificate or Transfer

Selected Name	Date of Birth	Tattoo/ID		Sex	No at Birth	AI/ET	Horned/ Polled	Sire	Registration No	Dam	Registration No
		Right	Left								
	Microchip No	<i>(attach bar code sticker here)</i>									
	Microchip No	<i>(attach bar code sticker here)</i>									
	Microchip No	<i>(attach bar code sticker here)</i>									
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I hereby declare that the above particulars are a true and correct record of my breeding. I also declare that these goats have no disqualifying faults set out in NZDGBA regulations.

Signature(s): _____

SERVICE CERTIFICATE

(to be completed when the breeder is not the owner or lessee of the buck at date of service)

I hereby certify that the doe named: _____ Tattoos: RE _____ LE _____
NATURAL MATING: was served by _____ Reg No _____ on ____ / ____ / ____
(or was running with the buck from ____ / ____ / ____ to ____ / ____ / ____ .
Signature of Buck's Owner or Lessee: _____
OR
ARTIFICIAL INSEMINATION: was inseminated on ____ / ____ / ____
Donor Buck's name: _____ Reg No _____
Inseminator's Name: _____ Signature: _____
Semen supplied by: _____ Batch No: _____

I hereby certify that the doe named: _____ Tattoos: RE _____ LE _____
NATURAL MATING: was served by _____ Reg No _____ on ____ / ____ / ____
(or was running with the buck from ____ / ____ / ____ to ____ / ____ / ____ .
Signature of Buck's Owner or Lessee: _____
OR
ARTIFICIAL INSEMINATION: was inseminated on ____ / ____ / ____
Donor Buck's name: _____ Reg No _____
Inseminator's Name: _____ Signature: _____
Semen supplied by: _____ Batch No: _____

TRANSFER

(to be completed if a goat is to be transferred at the same time as it is registered)

Goat Name: _____ Date of Transfer: _____
Transfer to: (Name) _____ (Initials) _____
(Address) _____

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Transfer to: (Name) _____ (Initials) _____
(Address) _____

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