

# DAIRY GOAT SOCIETY OF AUSTRALIA LTD

24 Hour Milk Test Held at:..... Date:..... Owner's Name.....  
 Address:..... Milk measured in Kgs

**Name of Doe:**..... H.B. No..... Tattoo..... Bottle No..... **Award :**.....  
 DOB..... Kidding Date..... Breed..... Lactation No.....

S/Out	Time	Milk	B.F%	B.F (Kg)	Points				
		n/a	n/a	n/a	Time:	Days in milk, ..... x 0.01 = .....			
Milking 1					Star:	Total milk (kg), ..... x 2.2(=), ..... + Time points, ..... = .....			
Milking 2					Q Star:	Total B.F (kg), ..... x 44(=), ..... + Star Points, ..... = .....			
Total / Average									
Milk Awards Officer Use Only									
<b>Name of Dam:</b> .....				H.B. No.....		Award.....		H.B. Ref.....	

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		n/a	n/a	n/a	Time:	Days in milk, ..... x 0.01 = .....			
Milking 1					Star:	Total milk (kg), .....x 2.2(=), .....+ Time points, ..... = .....			
Milking 2					Q Star:	Total B.F (kg), .....x 44(=), .....+ Star Points, ..... = .....			
Total / Average									
Milk Awards Officer Use Only									
<b>Name of Dam:</b> .....				H.B. No.....		Award.....		H.B. Ref.....	

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		n/a	n/a	n/a	Time:	Days in milk, ..... x 0.01 = .....			
Milking 1					Star:	Total milk (kg), ..... x 2.2(=), ..... + Time points, ..... = .....			
Milking 2					Q Star:	Total B.F (kg), ..... x 44(=), .....+ Star Points, ..... = .....			
Total / Average									
Milk Awards Officer Use Only									
<b>Name of Dam:</b> .....				H.B. No.....		Award.....		H.B. Ref.....	

ALL INFORMATION SUPPLIED ON THIS FORM MUST BE SUPPLIED AT THE TIME OF TESTING. OMISSIONS WILL RENDER THIS TEST INVALID.

NOTE: 1) Stewards or Testing Officers by signing this form guarantee that all the requirements of subparagraph (e) of D.G.S.A. Regulation 62 has been complied with.

2) The butterfat tester by signing this form certifies that the B.F. % stated refers to the bottle number shown in the form above. 3) Certification by the State Milk Awards Officer is subject to acceptance for Type and Production classes.

Name and Address of Steward..... Signature.....

Name and Address of Tester/Sampler..... Signature.....

Name & Co. Or Dept. of Butterfat Tester:..... Signature:..... Branch, DGSA Inc.  
 (not necessary if recognised herd recording sheet or authorised BF%testing sheet attached)

All information contained in this form is true and correct. Authority to claim. Signature of Owner:..... Milk Awards Officer's Signature:.....