

DAIRY YOUTH GOAT CAMP AT GOAT EXPO – MILK TEST

This is a Fillable Form. Print & Save a Copy, then Email your completed form to: info@gmail.com

Email this form by May 1, 2025. Substitutes may be made May 28, 2025. **This is FREE**

Exhibitor/Goat Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

I give permission to have the goats listed tested in the Milk Test with Lincoln University.

Goat Name: _____ Tague ID: _____

Goat's Age: _____ Container Label ID: _____ Test Result: _____

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Goat's Age: _____ Container Label ID: _____ Test Result: _____

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Goat's Age: _____ Container Label ID: _____ Test Result: _____

Goat Name: _____ Tague ID: _____

Goat's Age: _____ Container Label ID: _____ Test Result: _____

Youth participating in the milk test must attend a short class Wednesday (time to be determined) and

Thursday to discuss results and the importance of testing.