



Herd Status Change Form

Herdcode: _____

Herd Name: _____

Owner's Name: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Physical Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Contact Name: _____ Phone #: _____

E-Mail: _____

Contact Preference: Phone E-Mail

ACTION REQUESTED:

- | | |
|---|---|
| <input type="checkbox"/> New Herd Enrollment | <input type="checkbox"/> Change of Address |
| <input type="checkbox"/> Re-Activate Herd | <input type="checkbox"/> Change of Dairy Name |
| <input type="checkbox"/> Terminate/In-Activate Herd | <input type="checkbox"/> Change Test Type |

TESTING PLANS:

- | | | | |
|---------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> 00 DHIA | <input type="checkbox"/> 20 DHIR | <input type="checkbox"/> 40 DHI-OS | <input type="checkbox"/> 70 DHI-COMM |
| <input type="checkbox"/> 31 DHI-AP | <input type="checkbox"/> 23 DHIR-AP | <input type="checkbox"/> 41 DHI-OS-AP | <input type="checkbox"/> 71 DHI-COMM-AP |
| <input type="checkbox"/> 02 DHI-APCS | <input type="checkbox"/> 22 DHIR-APCS | <input type="checkbox"/> 42 DHI-OS-APCS | <input type="checkbox"/> 72 DHI-COMM-APCS |
| <input type="checkbox"/> 33 DHI-MO | | <input type="checkbox"/> 43 DHI-OS-MO | <input type="checkbox"/> 73 DHI-COMM-MO |
| <input type="checkbox"/> 34 DHI-MO-AP | | <input type="checkbox"/> 44 DHI-OS-MO-AP | <input type="checkbox"/> 74 DHI-COMM-MO-AP |
| | | <input type="checkbox"/> 45 DHI-OS-AC | |
| | | <input type="checkbox"/> 46 DHI-OS-AP-AC | |

PROCESSING CENTER:

- AgriTech AgSource Amelcor DRMS None

OTHER INFORMATION:

Species Code: COW = 0 GOAT = 1 Breed: _____

Times / Day Milked: 2X 3X

Requested By: _____ **Date:** _____

Please send form to our office by mail or e-mail fazevedo@ccdhia.com

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