

DAIRY CHECK-OFF

Mailing Address (please print) _____ Date _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

County _____

E-mail _____

Forage Species: _____

Type of forage: Please mark one

Hay Haylage Silage Pasture Stockpiled Forage

Enterprise:

Dairy

Fill in one line per sample and additional sheets for more than 4 samples

Lab use Only	Sample ID