



MGA Breeding/Service Certificate

MGA Registrar: Lee Harrison
 Phone/Text: 0400 595 070
 Email: admin@miniaturegoatsaustralia.com

Applicant(s): _____ Membership No: _____ Stud Name: _____ Date: _____

I/we confirm that the information provided on this form is true and correct to the best of my/our knowledge.

By signing this form I/We agree to be bound by **Miniature Goats Australia Association** rules and Membership Agreement.

I/We further acknowledge that all information provided will be added to the MGA database and so becomes the property of Miniature Goats Australia Association Inc. and will be accessible to MGA members.

Signed: _____ PIC Number _____

DETAILS of BUCK				PLEASE READ CAREFULLY BEFORE COMPLETING THIS CERTIFICATE			
Full Name of Animal:		DOB:		a. This Certificate will be used to provide proof of pedigree when applying for Kid registration, if you are not the owner of the Registered Buck who sired the Kid. b. The Owner of the Buck is required to provide a completed Certificate of Service for every Doe mated and for each Doe sold in kid to a Registered Buck. A multiple service return form may also be used. c. The service certificate should be completed and signed, preferably at the time of service. The Service Certificate is to be given to the Owner of the Doe as soon as possible and within 30 days of the mating or when a Doe in kid is sold. d. The Buck owner should keep accurate records of all Does serviced. e. The information on this form, including heights will be considered up to date information and will be used accordingly. f. DNA may be required for proof of parentage if there is any doubt as to who the Sire or Dam of any progeny is, especially where the owner of the buck is not an MGA member and if artificial insemination is used. DNA will be required from Buck, Doe and progeny. Costs for DNA testing will be determined by the individual circumstances that require the testing to be undertaken. g. This Certificate should be submitted with registration of the progeny born from the mating.			
Registration No.		Height (cm)					
Name of Owner:		Contact No:					
DETAILS of DOE							
Full Name of Animal:		DOB:					
Registration No.		Height (cm)					
Name of Owner:		Contact No:					
BREEDING							
Breeding Date/s:		Running With Doe <input type="checkbox"/>	Controlled <input type="checkbox"/>				
ARTIFICIAL INCEMINATION							
Name of Facilitator:		Contact No:					
Signature:		Straw ID No					