

OBA Swiss Belle Award Application

Owner _____

Breeder _____

Owner Address _____

Owner Telephone _____

Owner Email _____

Please check all awards that you believe this doe/ buck qualifies for:

_____ Lifetime Production Award

_____ Platinum Belle Award

_____ Gold Belle Award

_____ Silver Belle Award

_____ Copper Belle Award

_____ Bronze Belle Award

_____ Mini Belle Award, one day test score _____ (please include copy of one day test report)

_____ Diamond Belle Award

_____ Golden Bucket Award, LA Score _____

_____ Silver Sire Award

_____ Diamond Sire Award

Doe/ Buck Name _____

Registration Number _____

Birthdate _____

Sire Name _____

Dam Name _____

For Qualifying Does:

Lactation Age (##-##) _____

Days in Milk _____

Lb. Milk _____

Lb. Fat _____

Lb. Protein _____

For Qualifying Sires:

Please provide information on the qualifying daughters:

1. Daughter name _____

Lactation Age (##-##) _____

Days in Milk _____

Lb. Milk _____

Lb. Fat _____

Lb. Protein _____
Award Qualifying for: _____

2. Daughter name _____
Lactation Age (##-##) _____
Days in Milk _____
Lb. Milk _____
Lb. Fat _____
Lb. Protein _____
Award Qualifying for: _____

3. Daughter name _____
Lactation Age (##-##) _____
Days in Milk _____
Lb. Milk _____
Lb. Fat _____
Lb. Protein _____
Award Qualifying for: _____

Please mail completed application, along with **individual DHIA records** and **payment** to:

Abby Ball
109 N. Spooner St.
Madison, WI 53726

asball@wisc.edu

