



ABGA™ 1207 S. Bryant Blvd., Suite C, San Angelo, TX 76903 | (325) 486-2242 | Fax 325-486-2637 | info@abga.org | www.ABGA.org

marketing | education | genetics | commercial | youth | service

APPLICATION for VISUAL INSPECTION

DATE _____

MEMBER NO _____ MEMBER NAME _____

PLEASE PRINT ALL INFO

INSPECTOR _____ SITE _____

Complete one line on this form for each goat that is being inspected. Print legibly. The member requesting the inspection is to submit a copy of this form to the ABGA office with the appropriate fee (\$10.00 per head). ****ONE FORM PER INSPECTOR****

	Goat Registration Number	Sex M/F	Right Ear Tattoo	Left Ear Tattoo	Birth Date	Visual Inspection	Comments
	[EXAMPLE] 12345678	M	XYZ	Y02	4/4/2014	CIRCLE ONE	MEETS ALL BREED STANDARDS – TRADITIONAL COLOR – WELL BALANCED
1						PASS FAIL	
2						PASS FAIL	
3						PASS FAIL	
4						PASS FAIL	
5						PASS FAIL	
6						PASS FAIL	
7						PASS FAIL	
8						PASS FAIL	
9						PASS FAIL	
10						PASS FAIL	

Total Goats Inspected _____

Inspector Signature _____

Total Fees Due (\$10.00 per goat) \$ _____

MAIL, FAX OR EMAIL ONE COPY TO THE ABGA OFFICE