

Farm Information

Name: _____ Farm Name: _____

Address: _____ DHI Herd #: _____

City: _____ Postal Code: _____

Circle One: AB BC MB NB NF NS ON PEI QC SK

Phone #: _____ Fax #: _____

Email: _____

Name of farm advisor (nutritionist/veterinarian) accessing farm data: _____

Setup Questions

Breed: (Check One) Holstein Jersey Crossbreed Other: _____

Herd Size: (Check One) 0-100 100-200 200-300 300-400 400-500 500+

Lactation Feeding Program: (Check One) One Group TMR Multi Group TMR Partial Mixed ration (PMR)
 Computer Parlour Component

Transition Feeding Program: (Check One)

Far off (40 days), close up (20 days) Far off only (60 days) 1 group close up (45 Days)

No Separate Dry Group Far off (40 Days), close up (20 days), fresh (20 days)

Milking Frequency: (Check One) 2x 3x 2.5x 3x then 2x 4x then 2x Robot

Close Up Program Strategy: (Check One) Traditional - no DCAD intervention DCAD Anionic Salts
 DCAD Anionic Supplements None of the options

I authorize Nutritech Solutions to access my DHIS information _____
Signature

FAX Registration to Nutritech Solutions Ltd.: 604.850.3854

- 1) Nutritech Solutions (NTS) will verify your farm information with DHIS
- 2) NTS will contact you to confirm registration along with a user name and password



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