

Genomic Testing Through the Southeast Dairy Business Innovation Initiative (SDBII)
Enrollment Form



Send completed form to KDDC at kddc@kydairy.org or PO Box 142, Leitchfield, KY 42755.

Section 1: Producer & Farm Information

Producer Name: _____

Farm Name (if applicable): _____

Mailing Address:

Street: _____

City: _____ State: _____ ZIP: _____

County: _____

Phone Number: _____

Email Address: _____

Preferred Method of Communication:

Email Phone Text

Section 2: Dairy Operation Overview

Primary Dairy Breed(s):

Holstein Jersey Brown Swiss Crossbred Other: _____

Total Number of Lactating Cows: _____

Total Number of Replacement Heifers: _____

Production System:

Conventional Organic Grazing-Based Mixed

Milk Marketed Through:

Cooperative Independent Processor On-farm Processing Other: _____

Section 3: Current Use of Genetic or Genomic Tools

Have you previously used genomic testing in your herd?

Yes No

If **Yes**, please describe:

- Number of animals tested in 2025: _____
 - Lab/Cooperator previously used: _____
 - How results are currently used (check all that apply):
 - Breeding decisions
 - Culling decisions
 - Replacement selection
 - Marketing animals
 - Not currently used
 - Other: _____
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Section 4: Program Participation Details

Estimated number of animals you plan to genomic test through this program in 2026:
_____ animals

Lab/Cooperator you plan to test through: _____

Animal Type(s) to be Tested:

Heifers Cows Bulls Mixed

Primary Goals for Using Genomic Testing (check all that apply):

- Improve genetic merit of replacements
 - Improve milk production
 - Improve fertility or longevity
 - Improve health traits
 - Reduce rearing costs
 - Improve marketing value of animals
 - Other: _____
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Section 5: Cost-Share Acknowledgment

I understand that:

- Cost-share reimbursement is contingent upon following program guidelines, including sharing data from genomic tests included in this program
- Proof of genomic testing and payment will be required
- Reimbursement amounts and eligibility will be defined by KDDC, UT, and NCSU.

I acknowledge and agree to the cost-share requirements of this program.

Producer Initials: _____ Date: _____

Section 6: Program Evaluation

To evaluate program impact, participants may be asked to provide follow-up information, including but not limited to:

- Number of animals tested
- How genomic results were used
- Changes in breeding, culling, or management decisions
- Perceived economic or operational benefits

Are you willing to participate in follow-up surveys or interviews?

Yes No

Are you willing to be considered for a written case study?

Yes No

(Participation in a case study may include farm visits, interviews, and use of anonymized or attributed data.)

Section 7: Consent & Certification

I certify that the information provided in this enrollment form is accurate to the best of my knowledge. I understand that aggregated or anonymized data may be used by the Kentucky Dairy Development Council, the University of Tennessee, North Carolina State University, or the SDBII program for program evaluation, reporting, and educational purposes.

I agree to participate in the Genomic Testing Producer Program.

Producer Signature: _____

Printed Name: _____

Date: _____

Section 8: For Program Use Only

Date Application Received: _____

Eligibility Verified: Yes No

Estimated Approved 2026 Cost-Share Amount: \$_____

Notes: _____