

KENTUCKY DEPARTMENT OF AGRICULTURE
OFFICE OF AGRICUTLURE MARKETING & PRODUCT PROMOTION
DIVISION OF VALUE-ADDED PLANT PRODUCTION

FORAGE TESTING PROGRAM
107 Corporate Drive
Frankfort KY 40601
502-782-9210

Use this form for each sample submitted for testing hay that is not for sale. Please enclose \$10.00 check or money order (**do not send cash**) per sample payable to "Kentucky State Treasurer".

HAY SAMPLE INFORMATION
(Please write legibly)

Producer's Name: _____

Email: _____

Mailing Address: _____

City: _____ State: KY Zip Code: _____

County: _____ Telephone Number: ()

Number of Tons in this sample: _____ Date Harvested: _____

Date Sampled: _____

Type of Sample (Please check one)

Legume Hay (90% or more)

Alfalfa _____

Clover _____

Haylage

Legume _____

Grass _____

Mixed _____

Small Grain _____

We do not test Corn Silage

Grass Hay

Timothy _____

Orchard grass _____

Fescue _____

Bermuda _____

Wheat _____

Other _____

Mixed Hay (Legume/Grass)

Alfalfa-Orchard _____

Alfalfa-Timothy _____

Alfalfa-Grass _____

Clover-Grass _____

Lespedeza-Grass _____

*Other _____

Cornstalk _____

Soybean Hay _____

Producer Hay

Purchased Hay

Comments: (This will appear on your Analysis report)

Sample Identification Number: _____

Sampled by: _____

Date submitted: _____