



Extension

UNIVERSITY OF WISCONSIN-MADISON

OWNER & FARM(s) Name: _____

PHONE NUMBER: _____

FARM(s) ADDRESS: _____

BUSINESS	PHONE NUMBER	CONTACT PERSON NAME
Milk Plant Field Representative		
Veterinarian		
Nutritionist		
Feed Supplier		
Dairy Equipment Supplier		
Implement Dealer/Supplier		
Manure Hauler		
Market Animal Hauler		
Deceased Animal Hauler		
Genetics (A.I) Dealer		
Power Plant/Utility Company		
Electrician		
Plumber		
Employee		
Employee		
Neighbor		
Neighbor		
Relative		
Relative		

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