Hay Sample Submission Form

Contact Information

Name: _____

Phone: _____

Email: _____

Address: _____

_____

County _____

Sample Information

Sample Name: _____

Forage Species (with % for each):

_____

Was the hay rained on after mowing?
☐ Yes ☐ No If yes, amount of rain: _____

Age of the Forage Stand: _____

Hay Type:

☐ Dry hay ☐ Wet-wrapped (baleage)

Date Sample Collected: _____ / _____ / _____

Date Hay Mowed: _____ / _____ / _____

Date Hay Baled: _____ / _____ / _____

How is the hay stored after baling? _____

Cutting Number:

☐ 1st ☐ 2nd ☐ 3rd ☐ Other: _____

If not 1st cutting, how many days between cuttings?

_____