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## GENERAL INFORMATION

Name of animal \_\_\_\_\_

Birth date \_\_\_\_\_ Breed \_\_\_\_\_

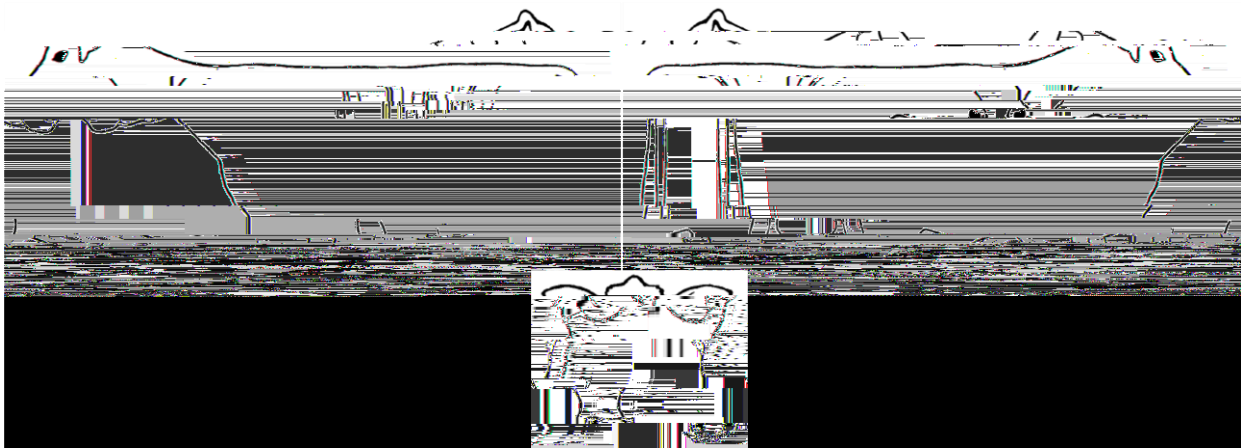
Is your animal registered? Yes \_\_\_\_\_ No \_\_\_\_\_  
Registration number \_\_\_\_\_ Ear tag or tattoo ID number \_\_\_\_\_

Do you own this animal? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, owner name \_\_\_\_\_ (Attach copy of lease)

### Pedigree Names only.

Sire	Paternal Grandsire
	Paternal Gr



*Life Skill – Record Keeping*

Animal name \_\_\_\_\_

**Health and Management Record:** List dates action taken.

Year \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_

Dehorned					
Wormed					
IBR/BVD/PI3					
Remove extra teats					
Leptospirosis					
Brucellosis					
Rabies					
Feet Trimmed					
Other					
Other					

Veterinarian Name \_\_\_\_\_ Phone \_\_\_\_\_

**Record of Fairs and Shows**

Date	Name of show	# in class	Placing & Ribbon	Entry Fees	Premiums (optional)
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## **PICTURES OF YOU AND YOUR ANIMAL**

## Feed and Bedding Expenses

Name of animal \_\_\_\_\_ Year \_\_\_\_\_

Age of animal (months) \_\_\_\_\_ at start of project.

Lbs. of Grain	Cost	Lbs. Of Hay	Cost	Pasture Value	* other feed	Cost
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## Breeding and Calving Record

Animal name \_\_\_\_\_ Year \_\_\_\_\_

Days in heat: \_\_\_\_\_

Dates Bred	Service Sire	Pregnancy Checked ?	Date Due

How did the Service Sire get chosen? \_\_\_\_\_

\_\_\_\_\_

What did you look for when choosing a sire? \_\_\_\_\_

\_\_\_\_\_

What breeding method was used? \_\_\_\_\_

\_\_\_\_\_

Calving Date \_\_\_\_\_ Sex of Calf:      Male      Female

\_\_\_\_\_

Raised, sold, or died? \_\_\_\_\_ Ear Tag or Tattoo \_\_\_\_\_

Value of calf sold \_\_\_\_\_

What procedures were used at the time of birth to ensure the well being of the newborn calf?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**Animal Inventory**

**Year** \_\_\_\_\_

List all animals owned/leased by member. .

Animal I.D.	Beginning Project Date	Beginning Value *	Value at _____**	End of Project Date	Value at End
_____					
_____					
_____					
_____					
_____					









