Management Records

Barn Name or Number

Date of Birth _____ Birth Weight _____

Tattoo or Ear Tag: Right: _____ Left: _____

Calfhood Vaccination: No.: _____ Date: _____

Dehorned: _____ Extra Teats Removed: _____

Health Records

DATE	ILLNESS, VACCINATION, PROBLEM- Be complete, including dosage.	TREATMENT	TIME PERIOD

Date Sold: _____ Reason: _____

Date of Death: _____ Cause: _____

Breeding and Calving Record

Progeny Record

Date Bred	Service Sire or AI Code #	Date Due	Date Calved	Remarks (Calving Difficulties)	Sex of Calf	Ear Tag #	Remarks

Make sure to record all breeding records, whether they resulted in pregnancy or not.

Holstein Association USA, Inc. ***DJM Form 3***

Reset Form