

MEDICAL RECORD

ANIMAL: _____

DOB: _____

BREED: _____

SEX: _____

MEDICATION

DATE

PREVENTATIVE | TREATMENT

NOTES

Maintance Record

ANIMAL: _____	DOB: _____
BREED: _____	SEX: _____

DATE	HOOVES	FAMACHA	SKIN/FUR	NOTES

MEDICAL INFORMATION

ANIMAL: _____	DOB: _____	SEX: _____
COLOR: _____	MARKINGS: _____	POLLED: _____
TATTOO LEFT: _____	TATTOO RIGHT: _____	
DAM: _____	SIRE: _____	
BORN ON FARM: YES/NO	PURCHASED FROM: _____	
BIRTH WEIGHT: _____	DISBUDED: YES/NO	DISBUDDING DATE: _____
CASTRATION DATE: _____		

TESTING DATA					
DATE	DATE	DATE	DATE	DATE	DATE
TEST	TEST	TEST	TEST	TEST	TEST
RESULTS	RESULTS	RESULTS	RESULTS	RESULTS	RESULTS

TESTING DATA					
DATE	DATE	DATE	DATE	DATE	DATE
TEST	TEST	TEST	TEST	TEST	TEST
RESULTS	RESULTS	RESULTS	RESULTS	RESULTS	RESULTS

BREEDING RECORD

ANIMAL: _____	DOB: _____
BREED: _____	

DATE EXPOSED:	LITTER INFO	NAME	SEX	MARKINGS	BIRTH WEIGHT	EYE COLOR	POLLED	TATTOO
EXPOSED TO:		NAME	SEX	MARKINGS	BIRTH WEIGHT	EYE COLOR	POLLED	TATTOO
DUE DATE:		NAME	SEX	MARKINGS	BIRTH WEIGHT	EYE COLOR	POLLED	TATTOO
KIDDING DATE:		NAME	SEX	MARKINGS	BIRTH WEIGHT	EYE COLOR	POLLED	TATTOO
# OF KIDS:		NAME	SEX	MARKINGS	BIRTH WEIGHT	EYE COLOR	POLLED	TATTOO

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# OF KIDS:		NAME	SEX	MARKINGS	BIRTH WEIGHT	EYE COLOR	POLLED	TATTOO