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Hoof Trimming

Date

Worming

Date Medication Dose

Vaccination/Medication

Date Medication Dose Remark

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_ No. in litter\_\_\_\_\_\_\_\_\_ Disbudded/Wethered

Sire\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dam\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bottle/Dam/Colostrum/Replacement Date weaned\_\_\_\_\_\_\_

Registration ID\_\_\_\_\_\_\_\_\_\_ Registered with\_\_\_\_\_\_\_\_\_\_\_\_ Birth remarks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_