



## REPORT ON ABNORMAL CALF

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (0 ) \_\_\_\_\_ PTPT. CODE: \_\_\_\_\_ HERD CODE: \_\_\_\_/\_\_\_\_

RSM: \_\_\_\_\_

Probable Sire of Calf	Case 1	Case 2	Case 3	Case 4
Name / AB Code				

Dam of Calf (Cow #)				
Dam ID				
Breed				
Calving Date				
Mating Date				
Expected Calving Date				
Sire Code (Dam)				

Calf ID				
Heifer / Bull				
Alive / Dead				
FATE OR DISPOSAL				

Details of Defect (Case 1) .....  
 .....

Details of Defect (Case 2) .....  
 .....

Details of Defect (Case 3) .....  
 .....

Details of Defect (Case 4) .....  
 .....

Signed: .....

Date: .....