

ID _____ Left Ear _____ Right Ear _____ Birthdate _____ Species/Breed _____

Other Brands/Scars/Identifying marks _____

Sire _____ Dam _____

Reproductive Record

Date Calved	Sex	ID# Calf	Calf Dead/alive

Vaccination/Health/Treatment/Testing Record

Date	Product/Type Vacc	Health/Disorder	Treatment

Production Record

Date	lbs velvet

Disposition

Slaughter _____

Died _____

Euthanized _____

Sold to:

Name _____

Address _____

City/State _____