FARM NAME: _____

DATE: _____

Calf Health Records

This form *does not have to be returned prior to the farm visit* but should be as complete as possible *on the day of our visit*.

Number of calves born in the past 12 months: Starting from (date) _____ and ending on (date) _____

Bulls _____

Heifers _____

Number of calves leaving the herd – stillbirths (dead within 24-48 hours), deaths, sale or culling

Age Group	# Dead	# Sold or Culled
0 – 48 hours		
48 hours to 5 days		
5 to 14 days		
14 days to weaning		
Weaning to calving		

List each calf born in the last 3 months (if 50 calves or fewer) OR the most recent 50 calves born on the farm and mark the appropriate columns for each calf.

Calf ID	Calf Birth Date	Illness 0-48 hours (√)	Illness 48 hours – 5 days (√)	Illness 5 to 14 days (√)	Illness 14 days to weaning (√)	Treated calf more than 1 episode of illness (√)	Recovered (R) or Died/Culled (D)

FARM NAME: _____

DATE: _____

Calf ID	Calf Birth Date	Illness 0-48 hours (√)	Illness 48 hours – 5 days (√)	Illness 5 to 14 days (√)	Illness 14 days to weaning (√)	Treated calf more than 1 episode of illness (√)	Recovered (R) or Died/Culled (D)