

Calf Abnormality Report

Detailed description of affected animal _____

I.D. No. _____ Sex _____ Date of Birth _____ Was calf a twin? _____

Is calf still living _____ If dead, give date of death _____

Cause of death if determined _____

Name, Address & Phone Number of Attending Veterinarian _____

Was birth normal? _____ If not, describe in detail _____

Name of dam _____ Registration No. _____

Has this dam had other abnormal calves? _____

Service record of dam for period when affected calf was conceived (Give complete record as shown and attach breeding receipts if available).

1st service

Date _____ Bulls Name _____ Registration No. _____

Prior service

Date _____ Bulls Name _____ Registration No. _____

Name of herd owner _____

Address _____

Phone No. _____ Email Address _____

I certify that this information is true and correct to the best of my knowledge and belief. The Canadian Hereford Association has my permission to use the above information as it may determine.

Signature of Owner Making Report

Return to: Canadian Hereford Association
5160 Skyline Way NE, Calgary, AB T2E 6V1
(403) 275-2662

Date