

# Calf Birth Certificate Example

## General Information:

Calf ID: \_\_\_\_\_ Birth date and time: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_ am/pm  
 Breed:  Holstein  Jersey  other \_\_\_\_\_ Sex:  heifer  bull  
 Dam ID: \_\_\_\_\_ Dam lactation:  1  2  3  4+  
 Sire ID: \_\_\_\_\_

## Calving Data:

Calving area (check one):  group pen  individual pen  pasture  other \_\_\_\_\_ Attendant: \_\_\_\_\_  
 Dystocia score (check one):  1 (no assistance)  2 (easy pull)  3 (hard pull/surgical extraction)  
 Number of calves (check one):  single  twin  triplet  
 Was the calf born dead (check one)?  yes  no

*If the calf was born dead please complete the calf death certificate.*

Birth weight: \_\_\_\_\_ lb/ kg  
 Navel treated (check one):  yes  no  
 Environmental temperature at birth \_\_\_\_\_ °F / °C  
 Date and time of removal to calf pen \_\_\_/\_\_\_/\_\_\_ \_\_\_\_ am/pm

## Colostrum Feeding Record:

	1 <sup>st</sup> Feeding	2 <sup>nd</sup> Feeding	3 <sup>rd</sup> Feeding	4 <sup>th</sup> Feeding
<b>Colostrum fed (check one):</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Time of feeding:</b>	am/pm	am/pm	am/pm	am/pm
<b>Source (check one):</b>	<input type="checkbox"/> dam <input type="checkbox"/> other dam <input type="checkbox"/> pooled <input type="checkbox"/> replacer	<input type="checkbox"/> dam <input type="checkbox"/> other dam <input type="checkbox"/> pooled <input type="checkbox"/> replacer	<input type="checkbox"/> dam <input type="checkbox"/> other dam <input type="checkbox"/> pooled <input type="checkbox"/> replacer	<input type="checkbox"/> dam <input type="checkbox"/> other dam <input type="checkbox"/> pooled <input type="checkbox"/> replacer
<i>Other Dam ID or Replacer name</i>				
<b>Quality (Brix %)</b>	%	%	%	%
<b>Heat treated (check one):</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Amount fed:</b>	Q / L	Q / L	Q / L	Q / L
<b>Feeding method (check all that apply):</b>	<input type="checkbox"/> suckling dam <input type="checkbox"/> bottle <input type="checkbox"/> esophageal	<input type="checkbox"/> suckling dam <input type="checkbox"/> bottle <input type="checkbox"/> esophageal	<input type="checkbox"/> suckling dam <input type="checkbox"/> bottle <input type="checkbox"/> esophageal	<input type="checkbox"/> suckling dam <input type="checkbox"/> bottle <input type="checkbox"/> esophageal

## Health Record:

<b>Passive transfer status measured (record measurement if tested):</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	<b>Total Protein (g/dl)</b>	<b>Brix (%)</b>	<b>Other</b>

BVD Tested (check one)  yes  no Result (check one):  negative  positive Retest (check one):  yes  no  
*If BVD positive retest and euthanize if positive on both tests.*

Vaccinations administered in first 24 hours: \_\_\_\_\_

Was the calf born alive but died before 24 hours of age (check one)?:  yes  no  
*If the calf died please complete the calf death certificate.*

## Notes: