# 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__________
- **Dystocia score (check one):**
  - [ ] 1 (no assistance)
  - [ ] 2 (easy pull)
  - [ ] 3 (hard pull/surgical extraction)
- **Number of calves (check one):**
  - [ ] single
  - [ ] twin
  - [ ] triplet
- **Attendant:** ____________

*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:

<table>
<thead>
<tr>
<th></th>
<th>1st Feeding</th>
<th>2nd Feeding</th>
<th>3rd Feeding</th>
<th>4th Feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Colostrum fed (check one):</strong></td>
<td>[ ] yes [ ] no</td>
<td>[ ] yes [ ] no</td>
<td>[ ] yes [ ] no</td>
<td>[ ] yes [ ] no</td>
</tr>
<tr>
<td><strong>Time of feeding:</strong></td>
<td>am/pm</td>
<td>am/pm</td>
<td>am/pm</td>
<td>am/pm</td>
</tr>
<tr>
<td><strong>Source (check one):</strong></td>
<td>[ ] dam [ ] other dam [ ] pooled [ ] replacer</td>
<td>[ ] dam [ ] other dam [ ] pooled [ ] replacer</td>
<td>[ ] dam [ ] other dam [ ] pooled [ ] replacer</td>
<td>[ ] dam [ ] other dam [ ] pooled [ ] replacer</td>
</tr>
<tr>
<td><strong>Other Dam ID or Replacer name</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Quality (Brix %)</strong></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td><strong>Heat treated (check one):</strong></td>
<td>[ ] yes [ ] no</td>
<td>[ ] yes [ ] no</td>
<td>[ ] yes [ ] no</td>
<td>[ ] yes [ ] no</td>
</tr>
<tr>
<td><strong>Amount fed:</strong></td>
<td>Q / L</td>
<td>Q / L</td>
<td>Q / L</td>
<td>Q / L</td>
</tr>
<tr>
<td><strong>Feeding method (check all that apply):</strong></td>
<td>[ ] suckling dam</td>
<td>[ ] suckling dam</td>
<td>[ ] suckling dam</td>
<td>[ ] suckling dam</td>
</tr>
<tr>
<td></td>
<td>[ ] bottle</td>
<td>[ ] bottle</td>
<td>[ ] bottle</td>
<td>[ ] bottle</td>
</tr>
<tr>
<td></td>
<td>[ ] esophageal</td>
<td>[ ] esophageal</td>
<td>[ ] esophageal</td>
<td>[ ] esophageal</td>
</tr>
</tbody>
</table>

## Health Record:

<table>
<thead>
<tr>
<th>Passive transfer status measured (record measurement if tested):</th>
<th>[ ] yes [ ] no</th>
<th><strong>Total Protein (g/dl)</strong></th>
<th><strong>Brix (%)</strong></th>
<th><strong>Other</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BVD Tested (check one):</strong></td>
<td>[ ] yes [ ] no</td>
<td>Result (check one):</td>
<td>[ ] negative [ ] positive</td>
<td>Retest (check one):</td>
</tr>
</tbody>
</table>

*If BVD positive retest and euthanize if positive on both tests.*

- **Vaccinations administered in first 24 hours:** ________________________________

## Notes:

- **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.*

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