

CALF ABNORMALITY REPORT

Herd Owner: _____ Prefix: _____

Address: _____ Phone: _____

| | |
|---|---|
| Birth date: _____ | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Animal was born: <input type="checkbox"/> Stillborn <input type="checkbox"/> Alive but died _____ days later <input type="checkbox"/> Living | |
| Single or multiple: <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet or higher | |
| Ease of calving: <input type="checkbox"/> Normal <input type="checkbox"/> Malpresentation <input type="checkbox"/> Difficult <input type="checkbox"/> Surgery <input type="checkbox"/> Traction | |
| Name of Dam: _____ | Registration No. _____ |
| Dam's Sire _____ | Registration No. _____ |
| Latest breeding that resulted in this offspring: | |
| | Date ET Sire Name Registration No. |
| Last Service: _____ <input type="checkbox"/> | _____ |
| Prior Service: _____ <input type="checkbox"/> | _____ |

Did a Veterinarian attend to this animal? Yes No

Veterinarian: _____ Address: _____

Describe abnormal condition being reported (in own words) _____

Please check (✓) any abnormal conditions that may apply:

Body If not listed below, please specify: _____

Appearance Weak Dwarf Mummified Internal organs outside Bulldog

Muscles & Bones Uncoordinated Spasm Missing muscles Contracted muscles Missing bones

Hide & Hair Hairless Abnormal skin development Albino

Abdomen Umbilical hernia

Head If not listed below, please specify: _____

Size & Shape Enlarged Small Wide forehead Depression between eyes Bulging forehead
 Opening in forehead Narrow Muzzle

Eyes Closed Small eye No eyeballs Pop eyes Crossed eyes Blind
 Hairs in eye Film over eye Sunken eyes

Nose Fused nostrils Pug nose Wry face Double

Lower Jaw Won't open Short Long Impacted molars Absent

Upper Jaw Cleft palate Short Long Absent

Feet & Legs If not listed below, please specify: _____

Limbs Absent Crossed Short Paralyzed Extra limbs Crooked
 Contracted flexor tendons Permanent joint contracture Missing dew claw

Feet Extra feet One toe Extra toe Feet turned back

Rump If not listed below, please specify: _____

Loin & Tail Short/missing vertebrae No tail Short tail Crooked tailhead Extra tail

Rectum-Vagina High Common opening No anus Missing or abnormal sexual organs

Return to: Ayrshire Canada, 4865, boul. Laurier O, St-Hyacinthe, Qc, J2S 3V4 Fax: 450-778-3531