

## 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