

ABNORMALITY REPORT FORM

Herd Owner:			
Address:			
Phone:	Fax: Ema	il:	
	INFORMATION ON ABNORMAL CALF		
Sex:	ate of Birth: Twin: 🗌 Ye	es 🗆 No	
Is calf alive? \square Yes \square No If not,	give date and cause of death:		
Dam's Name	R	egistration No	·
Sire of dam if not registered:	R	egistration No	·
SERVICE RECORD OF DAM FOR PERIOD W	HEN CALF WAS CONCEIVED:		
Date Serv	ice Sire's Name		Registration No. or NAAB No.
Last service			
Prior service			
Description of calf (As a guide, see below	.)		
Did a votorinarian attend this calf?	Vor. □ No.		
Did a veterinarian attend this calf?			
Name			
Address			
I hereby certify that this information is a I further agree that the Holstein Associat	COMPLETED FORM TO THE HOLSTEIN A ccurate and correct to the best of my know ion has my permission to use this informa	vledge and bel tion as it deem	
General: Small, Large, Cannot Stand, Weak, Dwarf, Mummified.	Limbs: Absent, Short, Thickened, Paralyzed, Limber, Additional legs, Crooked, Absenc of dewclaw.		Small eye, no eyeballs, Pop eye, ed, Blind, Hairs in eye, Film over
Hide and Hair: Hairless, Abnormal skin development, Albino.	Feet: Toeing out, Extra feet, Long hooves, Only one toe, More than two toes, Feet turned		ostrils, Pug nose, Wry face.
Bones and Joints: Short or missing vertebraes, Missing bones, Short Spine, Joints not connected, Stiff joints, Wide hip bones, Narrow pin bones.	back. Head:	No tail,	Short, Stub, Bob, Wry, Kinky, d, Extra tail.
	Enlarged, Short, Thick, Small, Wide forehead, Depression between eyes, Bulging Forehead, Peaked,		igina: ommon opening, No anus, Missing ormal sex organs, constricted.
Abdomen: Umbilical hernia.	Opening in forehead.	Testicles:	, Small, Large, One, Three.
Muscles: Not coordinated, Spasm, Withered, Missing, Large, Contracted.	Lower and Upper Jaw: Won't open, Short, Long, Impacted molars, Cleft palate, Absent, Discoloratio of teeth.	Miscellane n Genera	•

quarter, short or long gestation.