

Herd Profile

Producer Name: _____ Ranch Name (If applicable): _____
Mailing (Street) Address: _____ Other locations/premises: _____
City/ Post Office: _____
State: _____
Zip Code: _____

Inventory

Cows _____ # Bulls _____
Heifers _____ # Calves _____
Culled _____
Reasons for culling: _____

Dates (approximate)

Testing Bulls _____ Pregnancy Checking (cows) _____
Turn in Bulls _____ (heifers) _____
Take Bulls Out _____ Sex/Date Fetuses? (Y/N) _____
Work Calves _____ Weaning _____
Sell Calves _____

Vaccinations / Treatments Used

	Reproductive	Pinkeye	Foot Rot	Parasites	Scour Prevention	Tags	Other
Bulls							
Cows							
Heifers							

Calf Vaccinations/ Treatments

	Respiratory	Clostridial	Parasites	Castration/Band	Dehorn (Y/N)	Scour prevention	Other
At birth							
Branding							
Pre-weaning							
Weaning							
Post-weaning							

Medicated Feeds Used/ Plan to Use