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| **CALF ABNORMALITY REPORT** | | | |
| Herd Owner: Prefix: | | | |
| Address: | | | Tel : |
| Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \* Male \*Female | | | |
| Animal was born: \* Stillborn \* Alive but died \_\_\_\_\_\_ days later \* Living | | | |
| Single or multiple: \* Single \* Twin \*Triplet or higher | | | |
| Ease of calving: \* Normal \* Malpresentation 🗆Difficult 🗆Surgery 🗆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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🗆 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prior Service:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 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 | |
| \* **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 completed form to: **Jersey Canada, 350 Speedvale Ave West, Unit 9, Guelph, ON N1H 7M7** Fax: **519-821-2723**