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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**