

PEI Dairy Beef Cross Calf Pilot Project Data Collection Sheet

Applicant –Report

Reporting Period
(Y-M-D to Y-M-D): _____

Prepared by (Name): _____

Initial: _____

Date: _____

**Original signed copy to be placed in Central File*

FOR DEPARTMENT

Date received by Dept: _____

Dept. Initial (Rec'd): _____

Date approved by Dept.: _____

Dept. Initial (Approved): _____

CCIA Tag Number			
Birthdate			
Farm of Origin			
Date of Arrival on 2nd Farm (If applicable)			
Weight on Arrival (in KGs)			
Date Animal Left the farm			
Weight at Departure			
Health Status (at one week of age)			
Scours	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Navel Dry	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does Calf appear Healthy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was an Immunoglobulin test completed	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the results:		
Weaning Date			
Treatments While on Trial			
	Date	Product	Comments
Vaccinations			
Medications			
Feeding			
Feedstuff	Number of days fed	Estimated amount fed per day	Estimated cost per KG
Whole Milk			
Milk Replacer			
Calf Starter			
Corn			
Barley			
Other			

Please use the space below to add any additional information/comments you may wish to include in this Data Collection Form.

Description

I, certify that the information given in this PEI Dairy Beef Cross Calf Pilot Project Data Collection Form is to the best of my knowledge complete, true and accurate.

Name of Participant
(Please print)

Signature of Participant

Date