



OEFFA Certification

41 Croswell Rd Columbus, Ohio 43214

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Animal Health Record

Name / Farm Name: _____ Tag#, ID#, or Name of Animal _____

Birth Date _____ Dam I.D. _____ Sire I.D. _____ Sale Date _____

| Vaccination(s) | Date(s) Administered | Physical Alteration(s) | Date(s) | Product(s) Used |
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| Health care problem(s) | Practice(s) used to treat | Product(s) used to treat | Date(s) used | Outcome |
|------------------------|---------------------------|--------------------------|--------------|---------|
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Sold to _____ If the animal died, what was the cause? _____ Death Date _____