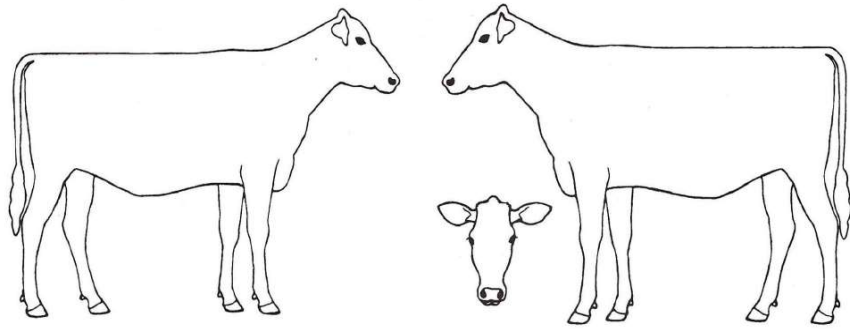


**OEFFA Certification**



**Animal Health  
Record**



Barn Name:		Date of Birth:	
ID Number:	Sex:	Color:	
Sire:	Dam:		

Health Event Record			
Vaccination	Date	Illness/injury <i>(include treatment given)</i>	Date

Calving Record				
Calving Date	Calf ID	Calf sex	Calving Ease	Notes

Notes:

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