



OEFFA Certification

150 E. Wilson Bridge Rd. Suite 230 Worthington, OH 43085
 Phone: (614) 262-2022 ♦ Fax: (614) 421-2011 ♦ organic@oeffa.org

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

Health care problem(s)	Practice(s) used to treat	Product(s) used to treat	Date(s) used	Outcome

Sold to _____ If the animal died, what was the cause? _____ Death Date _____