

# Report Form for Abnormalities

*Approved by Purebred Dairy Cattle Association*

Ayrshire Breeders' Association	1224 Alton Creek Rd, Suite B, Columbus, OH 43228	614/335-0020	Fax 614/335-0023
Brown Swiss Association	800 Pleasant Street, Beloit, WI 53511-5456	608/365-4474	Fax 608/365-5577
American Guernsey Association	7614 State Ridge Boulevard, Reynoldsburg, OH 43068	614/864-2409	Fax 614/864-5614
Holstein Association USA, Inc.	1 Holstein Place, Brattleboro, VT 05302	802/254-4551	Fax 802/254-8251
American Jersey Cattle Association	6486 East Main Street, Reynoldsburg, OH 43068	614/861-3636	Fax 614/861-8040
American Milking Shorthorn Society	800 Pleasant St., Beloit, WI 53511	608/365-3332	Fax 608/365-6644
Red and White Dairy Cattle Association	3805 South Valley Road, Crystal Spring, PA 15536	814/735-4221	Fax 814-735-3473

Each breed registry organization considers it the responsibility and obligation of each member, and the breeder of cattle to report to the breed registry organization any abnormal calf known to them. The report of any abnormal animal or its sire or dam must be in writing and based on personal knowledge. The report must be signed by the owner, an authorized agent, or by any other credible person such as a veterinarian, geneticist, extension agent, or inseminator. Hearsay information will not be accepted.

## Information on Reporter and/or Herd Owner

NAME OF REPORTER		PHONE	
ADDRESS	CITY	STATE	ZIP CODE
NAME OF HERD OWNER		PHONE	
ADDRESS	CITY	STATE	ZIP CODE
NUMBER OF MILKING AGE COWS IN HERD	BREED(S)		

## Information on Abnormal Animal

*Attach Photo of Abnormal Animal if Possible*

DATE BORN	NAME	ID NUMBER
SEX	TWIN	
DID CALF RESULT FROM A.I. SERVICE? _____ IF AVAILABLE, ATTACH BREEDING RECEIPT.		
IS THE ANIMAL ALIVE NOW? _____ IF NOT, GIVE DATE AND CAUSE OF DEATH. _____		
SERVICE RECORD OF DAM FOR PERIOD WHEN CALF WAS CONCEIVED:		
LAST SERVICE: DATE	BULL'S NAME	ID NUMBER
PRIOR SERVICE: DATE	BULL'S NAME	ID NUMBER
DAM'S NAME	ID NUMBER	
SIRE OF DAM, NAME	ID NUMBER	
SIRE OF MATERNAL GRANDAM, NAME	ID NUMBER	
HAS DAM PREVIOUSLY GIVEN BIRTH TO NORMAL CALVES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ABNORMAL CALVES? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENT: _____		
WAS BIRTH NORMAL? IF NOT, DESCRIBE: _____		

**I hereby certify that this information is accurate and correct to the best of my knowledge and belief. I further agree the breed organization has my permission to use this information in any way the Board of Directors may determine.**

SIGNATURE OF REPORTER \_\_\_\_\_ DATE \_\_\_\_\_

***IMPORTANT: Use reverse side of form to describe abnormality.***

**Describe the reported animal by circling all appropriate descriptive terms.**

**General**

Small, Large, Cannot Stand, Weak, Dwarf, Mummified, Inside-Out, Normal, Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Muscles**

Incoordination, Spasm, Withered, Missing, Large, Contracted, Normal, Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Limbs**

Absent, Short, Thickened, Paralyzed, Limber, Additional Legs, Crooked, Reversed, Twisted, Cocked Ankle, Absence of Dew Claw, Normal, Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Feet**

Toeing Out, Extra Feet, Long Hooves, One Toe Only, More Than Two Toes, Feet Turned Back, Normal, Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Bones, Joints**

Missing Bones, Short Spine, Joints Not Connected, Stiff Joints, Normal, Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Hips**

Stiff, Narrow, Wide Hip Bones, Normal, Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Rectum, Vagina**

High, Common Opening, No Anus, Abnormal Sex Organs, Anus Constricted, Vagina Constricted, Normal, Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Testicles**

Missing, Small, Large, One, Three, Normal, Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Head**

Enlarged, Short, Thick, Small, Wide Forehead, Depression Between Eyes, Bulging Forehead, Peaked, Opening in Forehead, Normal, Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Eyes**

Closed, Small Eye, No Eyeballs, Pop Eye, Cross Eyed, Blind, Whiskers in Eye, Film Over Eye (Cataract), Normal, Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Lower Jaw**

Will Not Open, Short, Long, Impacted Molars, Absent, Normal, Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Upper Jaw**

Will Not Open, Short, Long, Impacted Molars, Absent, Normal, Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Nose**

Fused Nostrils, Pug Nose, Wry Face, Whiskers in Nostril, Normal, Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Tail**

Absent, Short, Stub, Bob, Wry, At Angle, Kinky, Crooked Tail, Crooked Tailhead, Drags Ground, Two Tailed, Normal, Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Udder**

Edema, Caked, Small Teats, Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Hide and Hair**

Hairless, Abnormal Skin Development, Albino, Normal, Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Miscellaneous**

General Swelling, Arched Back, Fused Teats, Side Leak, Fifth Quarter, Short or Long Gestation, Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Describe the abnormality(ies) in your own words:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_