Individual Health Record



| Goat Name: | | Barn Name | : | Registration #: | |
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| Date of Birth: | Right Tattoo: | Left Tattoo: | Doe | Buck | Wether |
| Color & Markings: | | Sire: | Dam: _ | | |

SCHEDULED CARE

FID:

| CDT | BoSe & Replamin | Copper Bolus & Vitamin E | Zuricox | Blood Test - | CAE/CL/Johnes |
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OTHER TREATMENTS

| Date | Treatment | Notes/Reason |
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