

Animal Identification List

Farm Name _____

Date _____

Animal ID Number/name ID Type circle one • ear tag • tattoo • other: _____	Breed	Date of birth (mm/dd/yy)	Born on farm?	Purchased Receipts and certificates must be kept on file.	Treated with synthetic parasiticide? <input type="checkbox"/> Ivermectin <input type="checkbox"/> Moxidectin <input type="checkbox"/> Fenbendazole <input type="checkbox"/> Other <i>Circle one - do not leave blank</i>	Sale/death/cull/ slaughter (mm/dd/yy)
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Yes No Don't know	
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Yes No Don't know	
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Yes No Don't know	
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Yes No Don't know	
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Yes No Don't know	
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Yes No Don't know	
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Yes No Don't know	
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Yes No Don't know	
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Yes No Don't know	
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Yes No Don't know	
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Yes No Don't know	
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Yes No Don't know	
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Yes No Don't know	
			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Yes No Don't know	