



Animal Name: _____
Animal Registration Number: _____
Animal Sex: _____
Current Owner(s) Breeder Number: _____
Date Weaned: _____
Wean Group: _____
Weaning Weight: _____
Age in Days: _____
Creep Fed: Yes _____ No _____
Hip Height: _____ Date Measured: _____
Scrotal Circumference: _____ Date Measured: _____
Pelvic Measurement: _____ Date Measured: _____

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