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OWNER DETAILS

Type	Individual (Non-VAT Registration)		Company (VAT Registration)	
-------------	--	--	-----------------------------------	--

Individual Information	
Name	
ID Number	
Phone (Work)	
FAX	
Phone (Home)	
Phone (Mobile)	
E Mail Address	

General Detail	
Address	
City	
Area Code	
Country	
Province	

Veterinary District / Code	
Local Municipality	
Date:	
Signature: (Also for registration for Software License T & C)	

OWNER LOCATIONS

Farm / Description	
Registration Number	

General Detail	
Address	
City	
Area Code	
Country	
Province	
Veterinary District / Code	
Local Municipality	
Date:	
Signature: (Also for registration for Software License T & C)	

Global Position (GPS)

Latitude			
Longitude			

DISPATCH LOCATION

Type	
Name	
ID Number	
Phone (Work)	
FAX	
Phone (Home)	
Phone (Mobile)	
E Mail Address	
Address	
City	
Area Code	
Country	
Province	
Veterinary District / Code	

Local Municipality	
---------------------------	--

SUPPLIER

Type	
Name	
ID Number	
Phone (Work)	
FAX	
Phone (Home)	
Phone (Mobile)	
E Mail Address	
Address	
City	
Area Code	
Country	
Province	
Veterinary District / Code	

Local Municipality	
---------------------------	--

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Tag sizes and how to place into Tagger and then to the ear




Ovina (Small)



Senior (Large)

	<p>Place Universal Tagger pin into the hole in the stem of the male tag.</p>
	<p>Place the female tag into groove of Universal Tagger. Pressdown on the spring loaded silver plate lever.</p>
	<p>Both tags are fitted and aligned so that the MALE pin is in position where it will be able to be punched into the open end of the recepticle hole of the female.</p>
	<p>Best tagging operation with the least hindrance from the ear is achieved when BOTH, the MALE & FEMALE tags are turned 90 degrees to the TAGGER.</p>

	<p>The tags should be “punched” through QUICKLY (immediately release the pressure on the TAGGER handles). Tags should be positioned MIDDLE and MIDDLE between TIP – BASE and FRONT – BACK edge of ear.</p>
	<p>The MALE tag with its 2 – D bar coded number MUST be placed from behind the ear in cattle, pigs.</p>
	<p>Sheep and goats the “top” external part of the ear is the “back” of the ear. The male Tag’s 2-D bar code must be visible and not “hidden” beneath the ear.</p>

ANIMAL DISPATCH LOG

Animal dispatch Type	
Dispatch Date	

	From Location	Next Location
NAME		
Cell phone		
e-mail address		
Address		
City		
Area Code		
Country		
Province		
Veterinary District / Code		
Local Municipality		

Animal Qty	HR Tag Number e.g. A01, 12876		Animal Type	Breed	Current Weight
Qty	Prefix e.g. A01	Number e.g. 12876	e.g. Cattle	e.g. Bonsmara	e.g. 285
1					
2					
3					
4					
5					

6					
7					
8					
9					
0					

ANIMAL DISPATCH LOG

Animal Qty	HR Tag Number e.g. A01, 12876		Animal Type	Breed	Current Weight
Qty	Prefix e.g. A01	Number e.g. 12876	e.g. Cattle	e.g. Bonsmara	e.g. 285
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					
1					
2					
3					
4					
5					

6					
7					
8					
9					
0					

CAPTURE ANIMAL ID & (Detail Particulars)

CAPTURE ANIMAL ID	Animal		Animal		Animal	
& (Full Particulars) TAG Number e.g. A01, 234						
Birth Date						
Ear Tag Date						
Animal Type						
Breed						
Classification						
Origin / Supplier						
Paddock						
Dispatch Reference Number						
Purchase Date						
Animal Gender						
Secondary Tag ID						
Other Tag ID						
Microchip						
RFID No						
Branding No						
Ear Tattoo						
Animal Reg No						
DNA Number						

CAPTURE Newborn - INDIVIDUAL ANIMAL INFORMATION (Full STUD Particulars)

Animal Details	Animal	Animal	Animal	Animal	Animal
TAG Number e.g. A01, 223					
Birth Date					
Ear Tag Date					
Animal Type					
Breed					
Classification					
Origin / Supplier					
Paddock					
Dispatch Reference Number					
Purchase Date					
Animal Gender					
Secondary Tag ID					
Other Tag ID					
Dam's (GMP) ID Tag No:					
Sire's (GMP) ID Tag No:					
Microchip					
RFID No					
Branding No					
Ear Tattoo					
Animal Reg. No					
DNA Number					
LIDCAT Library Number					
LIDCAT Administrator					
Birth / New Animal Weight					
Animal Color					
Notes					

MEDICAL TREATMENTS / VACCINATIONS – Multiple Remedy Applications				
Treatment Date			Administrator / Supervisor	
Qualifications			Registration No	
Cell phone no			Province	
Medicine Description	A.	B.	C.	D.
Unique Barcode	A.	B.	C.	D.
Batch No	A.	B.	C.	D.
Expiry Date	A.	B.	C.	D.
Medical Reason	A.	B.	C.	D.
Medical History Note	A.	B.	C.	D.
Owner details:	Name:		Surname:	

TAG Number e.g. A01, 234		Treatment / Vaccinations				Dosage per Animal		
Prefix A01,	Number 234	Dosage Application	Per Animal	Per Kg	N/A	Dosage	Unit Of Measure (UOM) e.g. ml	Method e.g. s/c i/m i/v oral
		A						
		B						
		C						
		D						
		A						
		B						
		C						
		D						

GMPBasic® Patented Software Program: GMP Traceability Data Capture Forms Templates

TAG Number e.g. A01, 234		Treatment / Vaccinations				Owner Initials & Surname:		
Prefix A01,	Number 234	Dosage Application	Per Animal	Per Kg	N/A	Dosage	Unit Of Measure (UOM) e.g. ml	Method e.g. s/c i/m i/v oral
		A						
		B						
		C						
		D						
		A						
		B						
		C						
		D						
		A						
		B						
		C						
		D						
		A						
		B						
		C						
		D						
		A						
		B						
		C						
		D						
Treatment Date		Administrator / Supervisor						
Qualifications		Registration No						
Cell phone no		Province						

Vaccination Certification Recording Form OWNER DETAILS

Type	Individual (Non-VAT Registration)		Company (VAT Registration)	
-------------	--	--	-----------------------------------	--

Individual Information	
Name	
ID Number	
Phone (Work)	
FAX	
Phone (Home)	
Phone (Mobile)	
E Mail Address	

General Detail	
Address	
City	
Area Code	
Country	
Province	
Veterinary District / Code	
Local Municipality	
Date:	
Signature: (Also for registration for Software License T & C)	

Vaccination Certification Recording Form OWNER LOCATIONS

Farm / Description	
Registration Number	

General Detail	
Address	
City	
Area Code	
Country	
Province	
Veterinary District / Code	
Local Municipality	
Date:	
Signature: (Also for registration for Software License T & C)	

Global Position (GPS)			
Latitude			
Longitude			

**Vaccination Certification Recording Form
& MEDICAL TREATMENTS – Multiple Products**

Treatment Date				Owner Initials & Surname:
Medicine Description	A.	B.	C.	D.
Unique Barcode	A.	B.	C.	D.
Batch No	A.	B.	C.	D.
Expiry Date	A.	B.	C.	D.
Medical Reason e.g. Live Bacteria Vacc.	A.	B.	C.	D.
Medical History Note	A.	B.	C.	D.
Dosage Application / animal	A.	B.	C.	D.
UOM (milliliter)	A.	B.	C.	D.
Method (Subcutaneous, etc)	A.	B.	C.	D.
Name & Surname of (e.g. Vet/AHT/Vet nurse)				
Administrator role (e.g. Vet/AHT/Vet nurse)				
Administrator SAVC registration number				
Administrator cell No.				
Veterinary Practice / Consultant				
Province				
Administrator signature				

**Vaccination Certification Recording Form
& MEDICAL TREATMENTS – Multiple Products**

Treatment Date			Owner Initials & Surname:	
Medicine Description	E.	F.	G.	H.
Unique Barcode	E.	F.	G.	H.
Batch No	E.	F.	G.	H.
Expiry Date	E.	F.	G.	H.
Medical Reason e.g. Live Bacteria Vacc.	E.	F.	G.	H.
Medical History Note	E.	F.	G.	H.
Dosage Application / animal	E.	F.	G.	H.
UOM (milliliter)	E.	F.	G.	H.
Method (Subcutaneous, etc)	E.	F.	G.	H.
Name & Surname of (e.g. Vet/AHT/Vet nurse)				
Administrator role (e.g. Vet/AHT/Vet nurse)				
Administrator SAVC registration number				
Administrator cell No.				
Veterinary Practice / Consultant				
Province				
Administrator signature				

Vaccination Certification Recording Form & MEDICAL TREATMENTS – Multiple Products						
Qty	GMP Tag ID No.	Vacc. Tag Color & No.		Qty	GMP Tag ID No	Vacc. Tag Color & No.
E.g.	Q23,261	R 2020 1			XXXXXXXXXXXXX	XXXXXXXXXXXXX
	Q29,27221	R 2020 2			XXXXXXXXXXXXX	XXXXXXXXXXXXX
1				1		
2				2		
3				3		
4				4		
5				5		
6				6		
7				7		
8				8		
9				9		
0				0		
1				1		
2				2		
3				3		
4				4		
5				5		
6				6		
7				7		
8				8		
9				9		
0				0		
Cell:				Date:		
Veterinary Officer:				Signature:		

**Feedlot Processing Treatment
MEDICAL TREATMENTS / VACCINATIONS – Multiple Products**

Treatment Date				Owner Initials & Surname:
Medicine Description	A.	B.	C.	D.
Unique Barcode/s	A.	B.	C.	D.
Batch No/s	A.	B.	C.	D.
Expiry Date/s	A.	B.	C.	D.
Medical Reason e.g. Live Bacteria Vacc.	A.	B.	C.	D.
Medical History Note	A.	B.	C.	D.
Dosage Application / animal	A.	B.	C.	D.
UOM (milliliter)	A.	B.	C.	D.
Method (Subcutaneous, etc)	A.	B.	C.	D.
Name & Surname of (e.g. Staff / Vet / AHT / Vet nurse)				
Administrator role (e.g. Staff / Vet / AHT / Vet nurse)				
Administrator SAVC registration number				
Administrator cell No.				
Veterinary Practice / Consultant				
Province				
Administrator signature				

**Feedlot Processing Treatment
MEDICAL TREATMENTS / VACCINATIONS – Multiple Products**






Treatment Date				Owner Initials & Surname:
Medicine Description	E.	F.	G.	H.
Unique Barcode	E.	F.	G.	H.
Batch No	E.	F.	G.	H.
Expiry Date	E.	F.	G.	H.
Medical Reason e.g. Live Bacteria Vacc.	E.	F.	G.	H.
Medical History Note	E.	F.	G.	H.
Dosage Application / animal	E.	F.	G.	H.
UOM (milliliter)	E.	F.	G.	H.
Method (Subcutaneous, etc)	E.	F.	G.	H.
Name & Surname of (e.g. Staff / Vet / AHT / Vet nurse)				
Administrator role (e.g. Staff / Vet / AHT / Vet nurse)				
Administrator SAVC registration number				
Administrator cell No.				
Veterinary Practice / Consultant				
Province				
Administrator signature				

CAPTURE BCS (Body Condition Score)

Enter the details into ‘Transactions > Treatments & Procedures > Treatment type > Medicine description > Medical Reason














Body condition scoring is a visual subjective evaluation / observation of the animal's body condition. This is determined by the percentage of fat coverage and muscle tone. The worst body condition score starts at 0 and is progressively marked upwards to 5, meaning 0 is extremely emaciated (thin) and 5 is extremely fat (obese)

Acknowledgement, Photos from: A Tool for Managing the Nutrition Program for Beef Herds – Richard J. Rasby (Extension Beef Specialist), Aaron Stalker (Beef Range Systems Specialists), Richard N. Funston (Beef Specialist, cattle)

BCS 0 – Is a very emaciated animal, often these are ‘downer’ animals, lying on the ground	
<p>BCS 1</p> <p>A BCS of 1 is an animal that is still emaciated / lean / thin (1/5)</p>	
<p>BCS 2</p> <p>A BCS of 2 is an animal that is still lean (2/5)</p>	
<p>BCS 3</p> <p>A BCS of 3 is an animal that is in good condition (3/5)</p>	
<p>BCS 4</p> <p>A BCS of 4 is an animal that in very good condition (4/5)</p>	
<p>BCS 5</p> <p>A BCS of 5 is an animal that is fat, bordering obesity / excessively fat (5/5)</p>	

FAMACHA SCORING

Select the Famacha Famacha Instructions

5		  FATAL DODELIK DOSE!!!
4		  DANGEROUS GEVAARLIK DOSE!
3		  BORDERLINE GRENSGEVAL DOSE?
2		 ACCEPTABLE AANVAARBAAR (NO DOSE)
1		 OPTIMAL OPTIMAAL (NO DOSE)

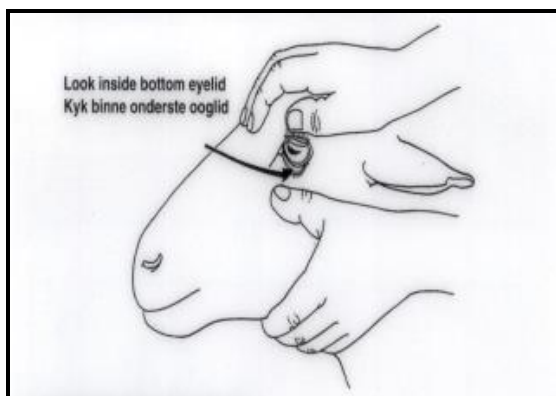
INSTRUCTIONS FOR USE

1. Examination

- Examine sheep in good, natural light
- Open the eyelid as shown in the sketch
- Push the upper eyelid down with the upper thumb, while the lower thumb gently pulls the lower lid downward
- Look especially at the colour inside the lower eyelid
- Open the eyelid for a short time only, or else the mucous membrane may become redder
- Compare the colours seen to those on the reverse side of this card
- Score the sheep A to E and proceed as explained in the pamphlet
- If in doubt, score the sheep at the lower (paler) category
- Examine weekly and no less than every 2 weeks
- Contact your veterinarian if you have any questions

2. Precautions

- Only properly trained persons should use this card
- Read the full information pamphlet carefully before using the guide
- Use this guide for sheep only
- This chart is an aid in the control of wireworm only
- Paleness or reddening of the eyes may have other causes
- Maintain standard worm control measures



RUMINANT – LIVER FLUKE SAMPLING, TAG - LOG

HR Tag Number e.g. A01,12876		Animal Type:	Dung / Sample No.	Blood SAMPLE No:
Prefix e.g. A01	Number e.g. 12876	e.g. Cattle	e.g. 13	e.g. 13
				1
				2
				3
				4
				5
				6
				7
				8
				9
				0
				1
				2
				3
				4
				5
				6
				7
				8
				9
				0

BOVINE - IDEXX PI BVD SAMPLING, TAG - LOG

Animal dispatch log	
Dispatch Date	
Notes	
Reason	

	From Owner Location	To IDEXX Laboratory
NAME		
Address		
City		
Area Code		
Country		
Province		
Veterinary District / Code		
Local Municipality		
Date of collection:		
Sample collector Name:		
Signature of collector:		

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BOVINE - IDEXX PI BVD SAMPLING, TAG - LOG

HR Tag Number e.g. A01 , 12876		Breed e.g. Bonsmara	PI BVD Sampling Tag – IDEXX e.g. Bar code no: 945823105	SAMPLE No.
Prefix A01	Number 12876			e.g. 13
				1
				2
				3
				4
				5
				6
				7
				8
				9
				0
				1
				2
				3
				4
				5
				6
				7
				8
				9
				0

BOVINE BRUCELLOSIS - SAMPLING, TAG - LOG

No. on the TEST TUBE SAMPLE	HR Tag Number e.g. A01,12876		Breed e.g. Bonsmara	Gender e.g. M / F	Red Stopper Tube Unique Bar code no: e.g. 945823105
	Prefix A01	Number 12876			
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					

G.P.-S. 013-0215

BOVINE BRUCELLOSIS SUBMISSION FORM (CA5)

Samples		Bovine		Caprine	Buffalo	Serum	Milk	Semen	Number	Collection Date			Page Number
Tests required	RBT	CFT	MRT	CFT All	Infected Herd	Maintenance				Diagno stic	Export	Vaccination History	
						1	2	3	Annual			As heifer according to prescription	Strain 19
CA File Ref No.					Geographical Location:					RB51			
Owner:					Sen der					Adult Vaccination		Strain 19	
Farm:					Address					RB51			
District:										Date	Unknown	Unvaccinated	
Tel No:					State Vet Tel No:					Sate Vet Region			
Postal address of owner:					State Vet Fax No:								

Laboratory Code:						Address:						Laboratory Ref No:			
Sample No.	Animal No: Q01,50807	RBT	MRT /SAT	CFT	Inter-pretation	Sample No.	Animal No:	RBT	MRT /SAT	CFT	Inter-pretation				
1						1									
2						2									
3						3									
4						4									
5						5									
6						6									
7						7									
8						8									
9						9									
0						0									
1						1									
2						2									
3						3									
4						4									
5						5									
6						6									
7						7									
8						8									
9						9									
0						0									
Interpretation of serological results done by						For laboratory use only									
Name and rank						Veterinary Technologist									
						To Veterinarian in Charge									

REQUEST FOR CFT ALL & REASON MUST BE PRINTED IN RED IN BOLD ON TOP OF FORM (IE FINAL TEST OR INTRODUCTIONS TO ACCREDDITED HERD AND IMPORT MUST BE SIGNED BY SV OR PV REQUESTING IT)

Reporting of Incidence of Controlled Animal Diseases and Abnormal Morbidity and Mortality

The reporting of the incidence or suspected incidence of a controlled animal disease and any abnormal morbidity and mortality by a responsible person in terms of section 11(1)(b)(ii) of the Animal Diseases Act (Act 35 of 1984) must forthwith be done verbally to the responsible state veterinarian or responsible technical officer, and must be confirmed in writing within two days thereafter.

REPORT

PERSON REPORTING INCIDENCE

NAME	
POSTAL ADDRESS	
RESIDENTIAL ADDRESS	
TELEPHONE NUMBER	

THE ANIMAL OR THING

DESCRIPTION OF THE INFECTED OR SUSPECTED OF BEING INFECTED ANIMAL OR THING	
IDENTIFICATION, BRAND OR EAR MARK THAT OCCURS THEREON	
SYMPTOMS SHOWN BY THE ANIMAL OR THING CONCERNED	

DESCRIPTION OF PLACE

DESCRIPTION OF THE PLACE WHERE THE ANIMAL OR THING CONCERNED ARE ISOLATED	
DESCRIPTION ANY CONTACT ANIMAL AND ANY PROGENY OR PRODUCT OF SUCH ANIMAL	

OWNERS OR USERS OF ADJOINING LAND AND BUYERS

NAMES OF OWNERS OR USERS OF ADJOINING LAND AND EACH OWNER OF SUSCEPTIBLE ANIMALS ON THE SAME OR ADJOINING LAND NOTIFIED	Name of Owner	Farm Name	Tel number
PROSPECTIVE BUYERS OF THE SUSCEPTIBLE ANIMALS	Name of Buyer		Tel number
PERSON WHO HAS BOUGHT SUSCEPTIBLE ANIMALS DURING THE IMMEDIATELY PRECEDING 30 DAYS	Name of Buyer		Tel number

Veterinary Official reported to:	Date	Tel Number

Reporting of Incidence of Notifiable Animal Diseases

The reporting of the incidence or suspected incidence of a Notifiable Animal Disease by a responsible person in terms of section 12(1)(a and b) of the Animal Diseases Act (Act 35 of 1984) must forthwith be done to the responsible state veterinarian or responsible technical officer:

REPORT

PERSON REPORTING INCIDENCE

NAME	
POSTAL ADDRESS	
RESIDENTIAL ADDRESS	
TELEPHONE NUMBER	



THE ANIMAL OR THING

DESCRIPTION OF THE ANIMAL DISEASE CONCERNED	
IDENTIFICATION, BRAND OR EAR MARK THAT OCCURS THEREON	

DESCRIPTION OF PLACE

DESCRIPTION OF THE PLACE WHERE THE ANIMAL OR THING CONCERNED ARE ISOLATED	
--	--

Veterinary Official reported to:	Date	Tel Number

		NOTIFICATION OF A CONTROLLED DISEASE OUTBREAK AFRICAN HORSE SICKNESS (SOUTH AFRICA)															
Date of report:	d	d	m	m	y	y	y	y	Province:	SR1 ref no:				OVI sample no:			
DETAILS OF STATE VETERINARIAN																	
Name:				Tel:				Fax:									
DETAILS OF PERSON REPORTING THIS OUTBREAK																	
Name:						Telephone No:											
Address:						Fax No:											
CONTACT DETAILS OF OWNER:																	
Owner's Name:						Owner's tel. no:											
Owner's Address:						Owner's fax no:											
						Private Vet Name:											
Private Vet Address:						Private Vet Tel. No:											
DETAILS OF OUTBREAK:																	
Name of Disease: African Horse Sickness						No. of cases in this outbreak:											
Description of the affected animal (Species, breed, age, sex, ear/brand mark)						Clinical signs shown:											
Epidemiological comments: (no. of animals dead or killed, vaccination status, source of infection, contact animals etc.)																	
Local Municipality								Registered Property Name (and farm no)									
Date of initial detection:				(dd / mm / yyyy)				Geographical location									
								East			South						
Sampling date:				(dd / mm / yyyy)				Deg.	Min.	Sec.	Deg.	Min.	Sec.				
Person who diagnosed this outbreak:				Farmer		Private Vet		A.H.T		State Vet		Other (Specify)					
Nature of diagnosis:				Suspicion		Clinical		Post-Mortem		Laboratory							
Vaccination record				Yes		No		Date of last vaccination:									
Laboratory where diagnosis was made:						Diagnostic test used:											

Signature: _____

Name in block letters

Please note: Samples will be paid for by the Department of Agriculture **only** if it were sent by a State Veterinarian or if a State Veterinarian was notified of the outbreak and the date of sampling.

APAC: GOVERNMENT GAZETTE
13 NOV 2020 No. 43900 205
NOTICE 135 OF 2020 135

STAATSKOERANT, 13 NOVEMBER 2020 No. 43900 205 Board Notices • Raadskennisgewings BOARD
NOTICE 135 OF 2020 135 Agricultural Produce Agents Act (12/1992): Biosecurity Rules for Livestock Agents
43900 1 AGRICULTURAL PRODUCE AGENTS COUNCIL BIOSECURITY RULES FOR LIVESTOCK
AGENTS

Producer and Veterinarian / State Veterinarian / Animal Health Technician to complete the form invitation from the
above Gazette ADDENDUM A info,

STAATSKOERANT, 13 NOVEMBER 2020

No. 4390, Page 215

up to and including

No. 43900, Page 218

The Addendum is included in the GMPBasic Manual Data Capture Form for the convenience of Livestock owners,
Veterinarians, (private & state) and Animal Health Technicians

Teat Score 7: Similar to teat score of 9, but the teats are longer. Teats are located in the center of the quarters and face perpendicular to the ground.

Udder Suspension Score = 7;
Teat Score = 7



Teat Score 9: Teats are very small in length, rounded at the ends, and symmetrical. Teats are located in the center of the quarters and face perpendicular to the ground.

Udder Suspension Score = 9;
Teat Score = 8



ACKNOWLEDGEMENT & REFERENCE:

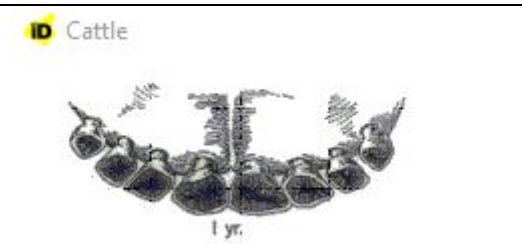
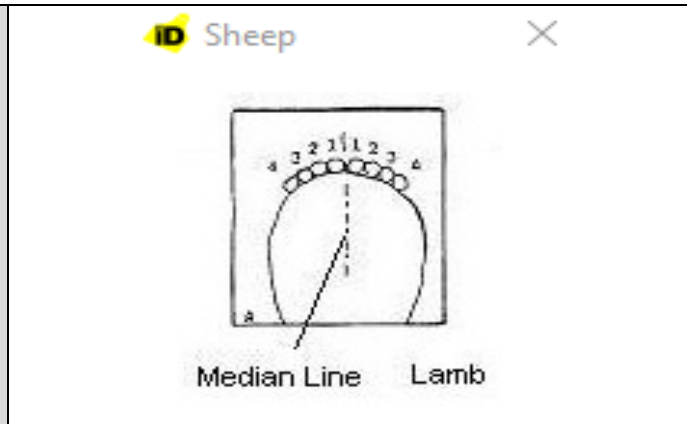
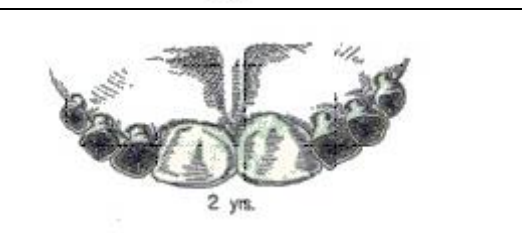
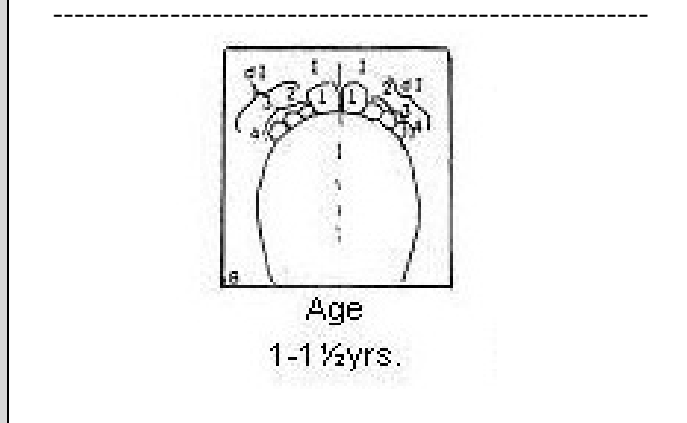
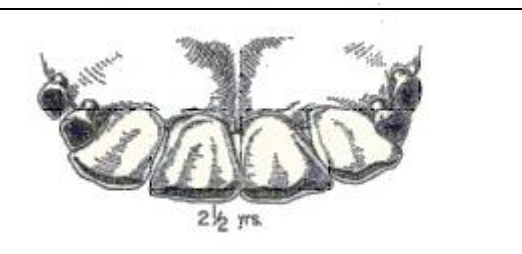
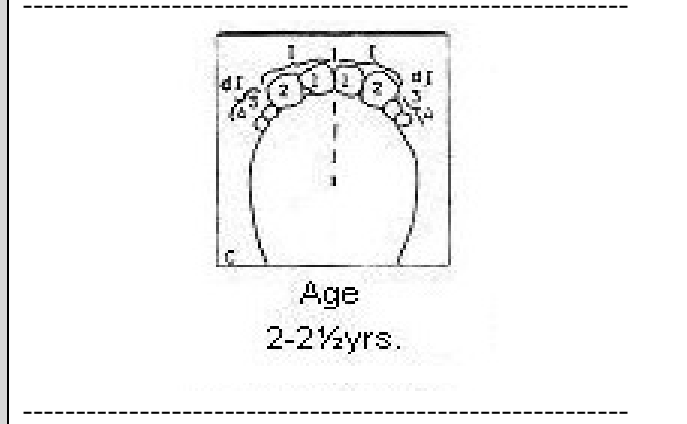
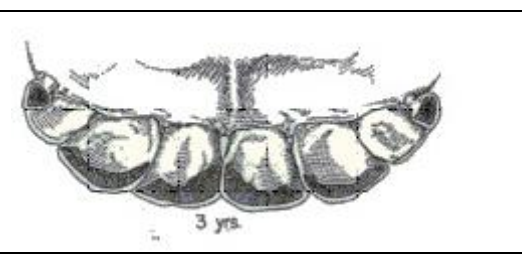
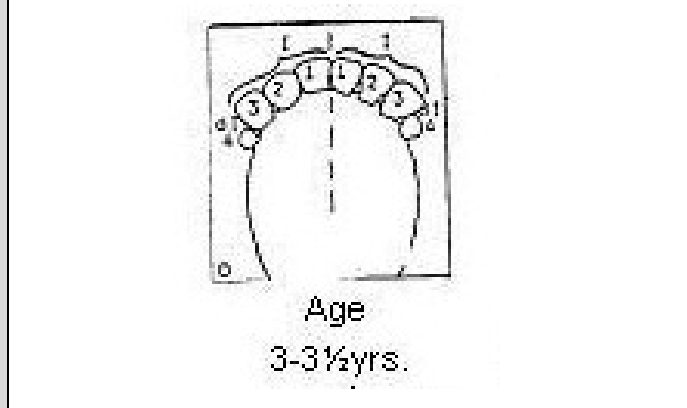

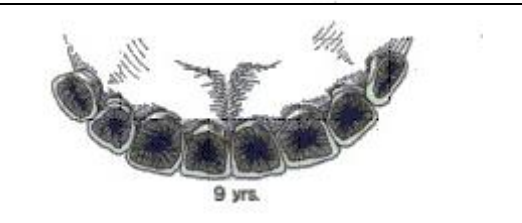
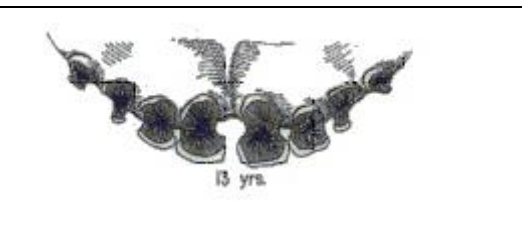
Resource: Dr. Rick Rasby, University of Nebraska–Lincoln

- Research findings in two experiments indicates that the occurrence of clinical mastitis in beef cow herds was 17.5% and 11.9% resulting in a reduction in weaning weights of 12.5% and 7.3%, respectively.

GENETICS: UDDER SUSPENSION & TEAT SCORES

Date:	HR Tag Number e.g. A01,12876		Udder Suspension Score 1, 3, 5, 7, 9	Teat Score 1, 3, 5, 7, 9
	Prefix A01	Number 12876		
Qty:				
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				

AGE RUMINANTS: CATTLE, SHEEP & GOATS

	ID Cattle		ID Sheep ✕
1 Year	 <p style="text-align: center;">1 yr.</p>		 <p style="text-align: center;">Median Line Lamb</p>
2 Years	 <p style="text-align: center;">2 yrs.</p>		 <p style="text-align: center;">Age 1-1 1/2 yrs.</p>
2 1/2 Years	 <p style="text-align: center;">2 1/2 yrs.</p>		 <p style="text-align: center;">Age 2-2 1/2 yrs.</p>
3 Years	 <p style="text-align: center;">3 yrs.</p>		 <p style="text-align: center;">Age 3-3 1/2 yrs.</p>
6 Years	 <p style="text-align: center;">6 yrs.</p>		
9 Years	 <p style="text-align: center;">9 yrs.</p>		
13 Years	 <p style="text-align: center;">13 yrs.</p>		

AGE RUMINANTS: CATTLE, SHEEP & GOATS

Date:	HR Tag Number e.g. A01,12876		Cattle teeth Count: Years 1, 2, 2.5, 3, 6, 9, 13	Sheep, Goats teeth Count: Years <1, 1-1.5, 2-2.5, 3-3.5
	Qty:	Prefix A01		
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				