

NEWBORN HEIFER FEEDING LOG

Heifer Name and #: _____

Date of Birth: _____ Approximate Time: _____ in AM / PM (please circle)

LEGEND: **MR** – Milk Replacer **CP** – Colostrum Powder **PT** - Peach Teat

1st Colostrum Feeding:

Colostrum %	<25%	<input type="checkbox"/>	25-27%	<input type="checkbox"/>	>27%	<input type="checkbox"/>	1 MR	<input type="checkbox"/>
Colostrum Powder Added	225g	<input type="checkbox"/>	120g	<input type="checkbox"/>	None	<input type="checkbox"/>	225g	<input type="checkbox"/>
Amount consumed	< ½ bottle*	<input type="checkbox"/>	½ bottle	<input type="checkbox"/>	> ½ bottle	<input type="checkbox"/>	Full bottle	<input type="checkbox"/>
	> Full bottle	<input type="checkbox"/>	Specify Amount:					
* IF HEIFER DRANK LESS THAN ½ BOTTLE CONTACT TECHNICIAN								

2nd Colostrum Feeding:

Colostrum %	<25%	<input type="checkbox"/>	25-27%	<input type="checkbox"/>	>27%	<input type="checkbox"/>	1 MR	<input type="checkbox"/>
Colostrum Powder Added	225g	<input type="checkbox"/>	120g	<input type="checkbox"/>	None	<input type="checkbox"/>	225g	<input type="checkbox"/>
Amount consumed	< ½ bottle*	<input type="checkbox"/>	½ bottle	<input type="checkbox"/>	> ½ bottle	<input type="checkbox"/>	Full bottle	<input type="checkbox"/>
	> Full bottle	<input type="checkbox"/>	Specify Amount:					
* IF HEIFER DRANK LESS THAN ½ BOTTLE CONTACT TECHNICIAN								

3rd Feeding to 6 days old:

Feeding	Amount of 1MR + 35g CP Consumed	Amount of Additional MR Consumed	Comments *IF DRANK LESS: <u>specify amount</u> and <u>examine calf*</u> (see below)
#3	All <input type="checkbox"/> Less <input type="checkbox"/>		
#4	All <input type="checkbox"/> Less <input type="checkbox"/>		
#5	All <input type="checkbox"/> Less <input type="checkbox"/>		
#6	All <input type="checkbox"/> Less <input type="checkbox"/>		
#7	All <input type="checkbox"/> Less <input type="checkbox"/>		
#8	All <input type="checkbox"/> Less <input type="checkbox"/>		
#9	All <input type="checkbox"/> Less <input type="checkbox"/>		
#10	All <input type="checkbox"/> Less <input type="checkbox"/>		
#11	All <input type="checkbox"/> Less <input type="checkbox"/>		
#12	All <input type="checkbox"/> Less <input type="checkbox"/>		

Things to comment on:

If she did not drink all MR + CP → IF YES TO ANY OF THESE QUESTIONS, CONTACT TECHNICIAN

- Did she not get up to drink?
- Was her energy level depressed?
- Does she have scours?
- Is there blood in her stool?
- Is her temperature over 39.5°C
- Is her navel inflamed/raw?

If she drank well:

- Is she ready to try a PT?
- Should the total MR volume be increased?