AMERICAN MURRAY GREY ASSOCIATION

PO Box 43515 Louisville, KY 40253 Phone/Fax (502) 384-2335 E-mail: AMGAOffice@murraygreybeefcattle.com

Weaning Worksheet

Page
Calf Crop #: _____
Date: _____
Primary Herd: _____

Breeder Name: _____
Membership Numbers: _____
Address: _____
Phone/Fax: _____

See fee schedule for applicable charges that must accompany work sent to the AMGA Office.
Please use reverse of sheet to make any comments or special instructions. Mall all information to above address.

Dam	Sire	Calf	Birth Date mm/dd/yy	Birth Weight	Sex	Weight Date m/d/y	Weight	Management group	Weeks Crep Fed	Cast. Date m/d/y	Disp Code	Name of Calf (max 30 characters)	Reg. Now	Hold Cert.

Signatures of Breeder(s) that all information contained in this report *is* true. _____