Beefmaster Breeders United

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Weaning Worksheet

Breeder Name:
Membership Number:
Address:

Calving Year/Season: /
Date:

Calf	Dam	Sire	Birth Date	Birth Wt.	Adj. Birth Wt.	Birth Wt. Ratio	B.Wt. Cont. Group.	Birth Wt. Rank	Sex	Weigh Date	Weight	Mgmt Grp	Grp Code	Date Steered	Disposal Code

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