

Weaning Worksheet

American Black Hereford Association
P.O. Box 857 Platte City, MO, 64079
Phone: 833-501-4750

Breeder: _____

Date: _____

| | REGISTRATION # | HERD ID | SEX | DATE WEIGHED (Mo/Day/Yr) | WEIGHT | CREEP Y/N | Contemp |
|----|----------------|---------|-----|--------------------------|--------|-----------|---------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |