



AMERICAN MURRAY GREY ASSOCIATION

PO Box 153, New Bethlehem, PA 16242 Phone 502-384-2335 E-mail: AMGAOffice@murraygreybeefcattle

Weaning Worksheet

Membership Number:
Address:
Phone:

Breeder Name:

Page:
Date:

| Dam | Sire | Calf | Birth Date m/d/y | Birth Wght | Sex | Weight Date m/d/y | Weight pounds | Mgmt group | Weeks Crep Fed | Cast. Date m/d/y | Disp Code | Cow Mature Weight | Name of Calf (max 30 characters) | Reg. Now | Hold Cert. |
|-----|------|------|---------------------|------------|-----|----------------------|------------------|------------|----------------|---------------------|-----------|-------------------|-------------------------------------|----------|------------|
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

DISPOSAL CODES
 1 - Died
 2 - Sold without registration papers
 3 - Culled, slaughtered or sold for feeding

Signature of Breeder that all information contained in this report is true.

Information on the reverse Yes No