



**INITIAL DATA SHEET AND SURVEY
2022-2023 SOUTH DAKOTA STATE UNIVERSITY
CALF VALUE DISCOVERY PROGRAM**

Producer Name: _____

Ranch ID					
Breed makeup of calf					
Breed of Sire					
Sire Id if known					
Breed of Dam					
Birth Date					
Birth Weight					
Weaning Date					
Weaning Weight					
Creep Fed	Yes No	Yes No	Yes No	Yes No	Yes No
Number of Days Creep Fed					
Approximate Daily Intake					
Implant Date					
Implant Used					
Castration Date					
Method of Castration					
Dehorning Date					
Method of Dehorning					
Pre-Vaccinated	Yes No	Yes No	Yes No	Yes No	Yes No

In your opinion, these calves represent the _____ of this year's calf crop.

- a. Top 1/3
- b. Middle 1/3
- c. Bottom 1/3
- d. Cross-section



**SOUTH DAKOTA STATE
UNIVERSITY EXTENSION**

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Please identify the types of vaccines administered to the calves and the approximate date.

Vaccine Name (i.e. Triangle 3, Cattlemaster 4, etc.). If not known, please list type of vaccine (i.e. 7-way, BVD/IBR/PI3, etc.)	Was the vaccine a killed or modified live product? Place a checkmark next to your response.	Date administered (approximate if necessary)
	<input type="checkbox"/> Killed <input type="checkbox"/> Modified Live <input type="checkbox"/> Do Not Know	
	<input type="checkbox"/> Killed <input type="checkbox"/> Modified Live <input type="checkbox"/> Do Not Know	
	<input type="checkbox"/> Killed <input type="checkbox"/> Modified Live <input type="checkbox"/> Do Not Know	
	<input type="checkbox"/> Killed <input type="checkbox"/> Modified Live <input type="checkbox"/> Do Not Know	
	<input type="checkbox"/> Killed <input type="checkbox"/> Modified Live <input type="checkbox"/> Do Not Know	
	<input type="checkbox"/> Killed <input type="checkbox"/> Modified Live <input type="checkbox"/> Do Not Know	

Were any of these individual calves treated for any disease from calving to the present time?

- a. Yes
- b. No
- c. I do not know.

If your calves were treated, please indicate their ranch ID, the date treated, and the treatment used.

Ranch ID	Treatment Date	Treatment Administered

NOTE: Please attach an additional sheet if necessary.

