

CHAPS 2000

Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 County _____

Mail To: North Dakota Beef Cattle Improvement Association (NDBCIA)
 1041 State Avenue
 Dickinson, ND 58601

Phone: (701) 483-2348 Ext. 105

CALF WEANING INPUT FORM

	Calf ID (8 char)	Actual Weight (8 char)	Date Weighed (00/00/YEAR)			Hip Height (8 char)	Date Measured (00/00/YEAR)			Management Code (1 char)	Contemp Group (1 char)	Muscle Grade (3 char)	Misc Notes (10 char)
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

Please Note: This form MUST accompany the Calf Birth Form before being sent to NDBCIA.