Date of evaluation: (dd/mm/yy) / / Cow ID (Name/Number): Evaluation done by: _____ Last 4 digits in NLID number: ___ __ _ **Consider these** Compare your findings This cow is ok: Measure and record: questions before to requirements for (Only "yes" circles are checked) shipping the cow: transport: 1. Is her body Is the body temp. YES O NOO Body Temp _____ °C or °F 37.9 - 39.4 °C? temperature $(100.2 - 102.9 \, ^{\circ}F)$ normal? Body Condition Score: Is the score 2 or higher YES O NOO 2. Is she too thin? (see chart to score) out of 5? Is the score 0 (none) or Lameness Score: YES O NOO 3. Is she lame? (see chart to score) 1 out of 5? 4. Has she been YES O NOO Last milking: (dd/mm/yy) / / dried off? Is the withhold time for 5. Are drug YES O NOO residues Last treated: (dd/mm/yy) ___/__/___ meat and milk possible? completed? Is no or only mild CMT: RF ___ RH ___ 6. Could mastitis mastitis present? YES O NOO flare up? (no udder swelling or LF LH hardness)? Circle any problems: Are visible problems acceptable for sale? Sunken eyes Diarrhea 7. Any other YES ONO O Twisted stomach Swellings/lumps problems? (check with your vet if Nasal (nose) discharge **Abscesses** unsure) Discharge from vulva Surgery sites Date cow left the farm: Destination of cow: ☐ Direct to local slaughter from the farm (provincial plant) ☐ Direct to local slaughter from the farm (federal plant) ☐ Salesbarn, name: _____ □ Other: _____

Other comments:

Cow Evaluation Form: Please complete one form for each cow evaluated