

PERFORMANCE SHEET



1170 NW Plaza Circle
KANSAS CITY, MO. 64153
PHONE: 816-464-5977

BREEDER: _____

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

| 1 | I.D. NUMBER | BIRTH DATE | A.I.C.A. NUMBER | PERCENT CHAROLAIS | CALF INFORMATION | | | | | | |
|------|-------------|------------|-----------------|-------------------|---|----------------|-----------------------------|---------------|-------|------|------------|
| | | | | | P.S.H.D. | BODY | SWITCH | NOSE | A | | |
| DAM | | | | | | | | | | | |
| SIRE | | | | | BIRTH WEIGHT | CLV SCORE | DATE WEIGHED MO. DAY YR. | ACTUAL WEIGHT | GROUP | MGT. | CALF CODES |
| CALF | | | | | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> STEER | YEARLING INFO. | | | | | |
| | | | | | | | | | | | |

| 2 | I.D. NUMBER | BIRTH DATE | A.I.C.A. NUMBER | PERCENT CHAROLAIS | CALF INFORMATION | | | | | | |
|------|-------------|------------|-----------------|-------------------|---|----------------|-----------------------------|---------------|-------|------|------------|
| | | | | | P.S.H.D. | BODY | SWITCH | NOSE | A | | |
| DAM | | | | | | | | | | | |
| SIRE | | | | | BIRTH WEIGHT | CLV SCORE | DATE WEIGHED MO. DAY YR. | ACTUAL WEIGHT | GROUP | MGT. | CALF CODES |
| CALF | | | | | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> STEER | YEARLING INFO. | | | | | |
| | | | | | | | | | | | |

| 3 | I.D. NUMBER | BIRTH DATE | A.I.C.A. NUMBER | PERCENT CHAROLAIS | CALF INFORMATION | | | | | | |
|------|-------------|------------|-----------------|-------------------|---|----------------|-----------------------------|---------------|-------|------|------------|
| | | | | | P.S.H.D. | BODY | SWITCH | NOSE | A | | |
| DAM | | | | | | | | | | | |
| SIRE | | | | | BIRTH WEIGHT | CLV SCORE | DATE WEIGHED MO. DAY YR. | ACTUAL WEIGHT | GROUP | MGT. | CALF CODES |
| CALF | | | | | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> STEER | YEARLING INFO. | | | | | |
| | | | | | | | | | | | |

| 4 | I.D. NUMBER | BIRTH DATE | A.I.C.A. NUMBER | PERCENT CHAROLAIS | CALF INFORMATION | | | | | | |
|------|-------------|------------|-----------------|-------------------|---|----------------|-----------------------------|---------------|-------|------|------------|
| | | | | | P.S.H.D. | BODY | SWITCH | NOSE | A | | |
| DAM | | | | | | | | | | | |
| SIRE | | | | | BIRTH WEIGHT | CLV SCORE | DATE WEIGHED MO. DAY YR. | ACTUAL WEIGHT | GROUP | MGT. | CALF CODES |
| CALF | | | | | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> STEER | YEARLING INFO. | | | | | |
| | | | | | | | | | | | |

CALVING SCORE (CLV. SC.)

- 1 - No difficulty, no assistance
- 2 - Minor difficulty, some assistance
- 3 - Major difficulty, usually mechanical assistance
- 4 - Caesarean section or other surgery
- 5 - Abnormal presentation
- 6 - Stillbirth (Dead Calf)

P.S.H.D.

- P - POLLED
- S - SCURS
- H - HORNED
- D - DEHORND

BODY COLOR

- W - WHITE
- L - LIGHT CREAM
- C - DARK CREAM
- S - LIGHT STRAW
- G - GRAY
- O - OTHER

SWITCH COLOR

- W - WHITE
- L - LIGHT CREAM
- C - DARK CREAM
- G - GRAY
- O - OTHER

NOSE COLOR

- L - LIGHT
- D - DARK

GROUP:

DESIGNATION FOR THOSE TO BE RATIOED TOGETHER.

MANAGEMENT CODE (MGT):

- 1 - Dam only - non-creep fed
- 2 - Dam plus creep feeding (6 weeks or longer)
- 3 - Irregulars - no ration
- 4 - Embryo transfer

YEARLING MGT.

- 5 - FULL FED
- 6 - INTERMEDIATE
- 7 - PASTURE

CALF CODES:

- | | |
|---|--|
| 0 - Twin calf - raised on foster dam | 5 - Calf weighed under 140 days of age |
| 1 - Twin calf - raised on own dam as twin | 6 - Calf weighed over 270 days of age |
| 2 - Twin calf - raised on own dam as single | 7 - Calf died at calving |
| 3 - Calf sold prior to weaning | 8 - Calf died due to disease |
| 4 - Not weighed | 9 - Calf died for other reason |

A - OPTIONAL INFORMATION

Column A can accommodate five digits of information. You may wish to record information such as adjusted height, frame, gestation length or other trait scores. The input may be either letters or numbers as you desire.

ACTUAL WEANING WEIGHT

The actual weaning weight should be taken when the calves in one management group are between 140 and 270 days of age.

OPTIONAL YEARLING

This area is available to record the calf's yearling weight and date weighed. The yearling weigh date should be the same for all animals within a management group. All animals should be at least 270 days of age and there must be at least 70 days between the weaning weigh date and the yearling weigh date.

I HEREBY CERTIFY AND DECLARE THAT THIS IS A TRUE AND CORRECT STATEMENT, AND I DESIRE TO HAVE SAME RECORDED IN THE AMERICAN-INTERNATIONAL CHAROLAIS REGISTRY IN CONSIDERATION OF WHICH I AGREE TO ABIDE AND BE BOUND BY THE ARTICLES OF INCORPORATION, BY LAWS, RULES, AND REGULATIONS OF THE ASSOCIATION AND AMENDMENTS THERETO. THE "BREEDER" IS THE OWNER OF THE DAM WHEN SHE WAS BRED TO PRODUCE THE SUBJECT CALF. THIS PERFORMANCE INFORMATION MAY BE USED FOR AICA BREED IMPROVEMENT PROGRAMS.

SIGNATURE _____

DATE _____