

Individual Doe Kidding Records

Name: _____ DOB: _____ ID: _____ Pregnancy #: _____ DUE _____

Kidding Date		# of Offspring	# of Live Offspring	Dam Raised	Supplemented	Bottle Fed	SIRE	Other
Gestation	ie: kidded on day 147			Enter ID of kids or ALL	Enter ID of kids or ALL	Enter ID of kids or ALL		
ID#	M F	Birth Weight	Eyes	Description				
ID#	M F	Birth Weight	Eyes	Description				
ID#	M F	Birth Weight	Eyes	Description				
ID#	M F	Birth Weight	Eyes	Description				
ID#	M F	Birth Weight	Eyes	Description				
NOTES								

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