Birthing Checklist

Cria Name ______________________  DOB ______________________

Dam Name ______________________  Sire Name ______________________
335-345 Due Range ______________________  Gestation ______________________
Owner Name ______________________  Cell Phone ______________________
Notes from previous birth(s) ______________________

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**Dam Observations**

Onset of Parturition ______________________
Time of Delivery ______________________  Weather Conditions ______________________
Clean/Strip Teats ______________________  Milk x 4? ______________________
Time Placenta Passed ______________________  Perineum Condition ______________________
Notes of Delivery ______________________

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**Cria Observations - Note Times**

Cria Temperature ______________________  Sex ______________________
Cria on Sternum ______________________  Check Palate & Sucking Ability ______________________
Cria Standing/Activity Notes ______________________
Time Meconium Passed ______________________  Enema Given? ______________________
Treat Umbilicus 3x’s over 12 hours 1) ______________________  2) ______________________  3) ______________________
Ears Erect ______________________  Teeth Erupted ______________________
Up on Fetlocks ______________________
Looking to Nurse ______________________  Nursing Behavior ______________________
Notes on Cria, Special care, Behavior ______________________

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**IgG Drawn / Test Results**

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**Cria Weights** 2x’s per day 1st week; Once per day 2nd week; Every other day week 3 & 4.

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<th>Week 1</th>
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www.Alpaca.Net  info@alpaca.net  970-635-2322  Cria Name__________________________