

Birthing Checklist

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

Dam Observations

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

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 _____

IgG Drawn / Test Results

Cria Weights

2x's per day 1st week; Once per day 2nd week; Every other day week 3 & 4.

	Week 1	Week 2	Week 3	Week 4
Day 1	_____	_____	_____	_____
Day 2	_____	_____	_____	_____
Day 3	_____	_____	_____	_____
Day 4	_____	_____	_____	_____
Day 5	_____	_____	_____	_____
Day 6	_____	_____	_____	_____
Day 7	_____	_____	_____	_____