

# IKGA BREED ADVANCEMENT PROGRAM

## Level I

### Section A: Identification

<b>Name:</b>	<b>DOB:</b>	<b>IKGA Reg. #</b>
<b>Sex:</b> Male ___ Female ___	<b>Wethered?</b> Yes No	<b>Date Castrated</b> <i>(if applicable):</i>
<b>Breed Description:</b>		
<b>New Zealand Fullblood</b>	<b>If Percentage, describe cross:</b>	
<b>American Premier Fullblood</b>		
<b>Percentage</b>		
<b>Boki™</b>		
<b>American MeatMaker™</b>		
<b>Permanent Identification:</b>		
<b>Ear Tag(s)</b>		
<b>Scrapie Program Tag</b>		
<b>Microchip</b>	<b>Type:</b>	<b>Number:</b>
<b>Tattoos</b>	<b>Rt. Ear:</b>	<b>Lt. ear:</b>
<b>Other</b>		
<b>Raised by Dam</b> ___ <b>Raised by Breeder</b> ___ <b>Combination</b> ___ <i>Describe:</i>		
<b>Breeders Name:</b>		
<b>Breeding Status:</b>		<b>Birth Rank:</b>
<b>Natural</b> ___ <b>AI</b> ___ <b>Embryo Transfer</b> ___		<b>1 of</b> ___
<b>Sire Name:</b>	<b>Permanent ID(s)</b>	<b>IKGA Reg. #:</b>
<b>Dam Name:</b>	<b>Permanent ID(s)</b>	<b>IKGA Reg.#:</b>
<b>Special Notes:</b>		

**Section B: Birth Scores/Weight**

High -----> -----Medium----->-----Low  

3	+	2	+	1
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0-----> -----5 minutes----->-----10 minutes or more  
Assisted Birth: \_\_\_ No \_\_\_ Yes

Special Notes:

Birth Weight: \_\_\_ lbs.  
How taken: \_\_\_ eye \_\_\_ Chest measurement \_\_\_ Mechanical Scale – Type: \_\_\_\_\_  
\_\_\_ Digital Scale – Type: \_\_\_\_\_

How soon after birth was the weight taken:  
\_\_\_ min. \_\_\_ hours \_\_\_ days

**Section C: Growth and Nutrition**

30 Days Weigh Date: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.  
How taken: \_\_\_ eye \_\_\_ Chest measurement \_\_\_ Mechanical Scale – Type: \_\_\_\_\_  
\_\_\_ Digital Scale – Type: \_\_\_\_\_

30 day Nutrition Profile:  
Weaned: \_\_\_ Yes \_\_\_ No

Browse: Description \_\_\_\_\_  
Feed: Type/Brand(s): \_\_\_\_\_  
Mineral: Type/Brand: \_\_\_\_\_  
Supplements: Description \_\_\_\_\_  
Other: \_\_\_\_\_

Special Notes:



