

**AMERICAN RED POLL ASSOCIATION**  
 PO Box 847, Frankton, IN 46044 Phone 765-425-4515 Email: ARPA@redpollusa.org  
**Weaning Worksheet**

Membership Number:   
 Address:   
 Phone:

Breeder Name:

Page:   
 Date:

Dam	Sire	Calf	Birth Date m/d/y	Birth Wght	Sex	Weight Date m/d/y	Weight pounds	Feed Code	Group Code	Cast. Date m/d/y	Disp Code	Cow Weight	Cow BCS	Name of Calf (max 30 characters)	Reg. Now

- DISPOSAL CODES**
- |                      |                            |                   |
|----------------------|----------------------------|-------------------|
| 1=Aborted            | 6=Dead-wean(other)         | 11=Culled(fert)   |
| 2=Stillborn          | 7=Dead-after-wean(disease) | 12=Culled(perf)   |
| 3=Dead-birth(defect) | 8=Dead-after-wean(other)   | 13=Culled(temp)   |
| 4=Dead-birth(other)  | 9=Dead(age)                | 14=Culled(age)    |
| 5=Dead-wean(disease) | 10=Culled(defect)          | 15=Culled or sold |

**Signature of Breeder that all information contained in this report is true.**

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Information on the reverse      Yes      No