

Livestock Health and Welfare Checklist

Daily Observation

Records of general livestock appearance and behavior.

Animal ID / Tag Number	
Write something	
General Appearance Notes	
Write something	
Activity Level Normal Decreased Increased	
☐ Unusual	
Appetite Normal	
Decreased Absent	
NormalDecreased	

Enter a number	
Observation Time	
eeding and Watering	
erification of adequate food and water availability and quality.	
Feeding Start Time	
Amount of Feed (kg/lbs)	
Enter a number	
Amount of Water (liters/gallons)	
Enter a number	
Feed Type	
Grain	
☐ Hay ☐ Silage	
☐ Pasture	
Concentrate	

Write something	
_ast Water Source Inspection Date	
Enter date	
Water Source	
Well	
Municipal	
Rainwater Harvesting	
Number of Animals Fed	
Enter a number	
ousing and Environment	
ousing and Environment sessment of shelter, bedding, and environmental condition	S.
	S.
sessment of shelter, bedding, and environmental condition	S.
Sessment of shelter, bedding, and environmental condition Temperature (°C/°F)	S.

Ventilation Status Adequate Insufficient Blocked
Bedding Condition Clean and Dry Slightly Damp Wet and Soiled
Notes on Housing/Environment Write something
Date of Last Deep Clean Enter date
Potential Hazards Observed Sharp Objects Exposed Wiring Leaking Water Structural Damage

Health Checks

Record of routine health assessments and any observed abnormalities.

Check Date Enter date	
Check Time	
Body Temperature (°C/°F)	
Enter a number	
Heart Rate (beats/min)	
Enter a number	
Respiratory Rate (breaths/min)	
Respiratory Rate (breaths/min) Enter a number	
Enter a number General Appearance Normal	
Enter a number General Appearance	

Lameness	
No	
Mild	
Moderate	
Severe	
Observations	
Write something	
	<i></i>
acking of hoof health and preventative meas	sures.
	sures.
Last Hoof Trimming Date Enter date	sures.
Last Hoof Trimming Date Enter date	sures.
Number of Animals Treated for Foot Rot	

Hoof Condition Severity Mild	
☐ Moderate	
Severe	
Foot Problems Observed	
Foot Rot	
Abscess	
Laminitis	
Cracked Hoof	
None	
Photo of Foot Condition (Ontional)	
Photo of Foot Condition (Optional) Light Upload File Product Used for Foot Care (e.g., antiseptic)	
La Upload File Product Used for Foot Care (e.g., antiseptic)	ents.
Product Used for Foot Care (e.g., antiseptic) Write something dedication and Treatment	ents.
Product Used for Foot Care (e.g., antiseptic) Write something Medication and Treatment cumentation of administered medications and treatment	ents.

Medication Type Antibiotic Anthelmintic Vaccine Anti-inflammatory Other	
Medication Name	
Write something	
Dosage (mg/kg)	
Enter a number	
Route of Administration (e.g., oral, IM, subcutaneous)	
Write something	
Reason for Treatment/Diagnosis	
Write something	
Animal Weight (kg)	
Enter a number	

Supporting Documentation (e.g., vet prescription) ① Upload File		
Administered By		
Biosecurity Measures Confirmation of adherence to biosecurity protocols.		
Date of Last Disinfection Enter date		
Time of Last Vehicle Entry/Exit		
Visitor Protocol Followed? Yes No		
Which Biosecurity Protocols Were Implemented? Foot Baths Hand Sanitization Vehicle Disinfection Restricted Access Personal Protective Equipment (PPE)		

Enter a number Vaste Storage Method	Enter a num	oer		
Ipload Disinfection Record (if applicable) Aste Management Ord of manure and waste handling procedures. Vaste Removal Date Enter date Enter a number Vaste Storage Method	Notes on Bi	osecurity Observations	or Concerns	
Aste Management ord of manure and waste handling procedures. Vaste Removal Date Enter date Stimated Manure Volume (cubic meters) Enter a number	Write someth	iing		
Vaste Removal Date Enter date Stimated Manure Volume (cubic meters) Enter a number	•		cable)	
Enter date Stimated Manure Volume (cubic meters) Enter a number Vaste Storage Method				
Enter a number Vaste Storage Method	cord of manu	re and waste handling pr	ocedures.	
Enter a number Vaste Storage Method	cord of manu	re and waste handling pr	ocedures.	
	Waste Remo	oval Date		
Composting	Waste Remo	oval Date		
	Waste Remo	val Date lanure Volume (cubic m		
Lagoon	Waste Remo	val Date lanure Volume (cubic moer		
1 20110 2101005	Vaste Remo	anure Volume (cubic moer		

	g
Odor Level	
None	
Slight	
Moderate	
Strong	
pH Level (if te	sted)
Enter a numbe	r
Photo of Wast	te Storage Area (optional)
	and Reproduction
	ing cycles and reproductive health (if applicable).
cking of breed	

Breeding Method Natural Service	
Artificial Insemination (AI)	
Embryo Transfer	
Expected Calving/Birthing Date	
Enter date	
Semen/Embryo Source (Lot/ID)	
Write something	
Breeding Status	
Successfully Bred	
Unsuccessful Breeding	
Uncertain	
Notes on Breeding Performance/Observations	
Write something	

Equipment Maintenance

Ensuring equipment used for livestock care is functional.

Enter date	
Operating Hours (since last service)	
Enter a number	
Equipment Condition	
Excellent	
Good	
☐ Fair Poor	
Notes on Maintenance Performed	
Write something	
Attach Service Records/Invoices	
♣ Upload File	
Next Service Due (Operating Hours)	
Enter a number	