



Twin Forks Clinic

P.O. Box 363
151 Badger St.
Wray, Co 80758
Phone: (970) 332-3116
Fax: (970) 332-3117

P.O. Box 449
70342 Highway 61
Benkelman, NE 69021
Phone: (308) 423-2895
Fax: (308) 423-5478

Michael Downey DVM Rodney Auffet DVM Justin Gdanitz DVM

Ration Request Form

When formulating a ration more information is better! In order to tailor a ration to your herd I need specifics. Please answer the questions below to decrease phone-tag and increase the return time on your ration. :

What production group is the ration for? (Please include the titles of the different groups if you need rations for more than 1 group. ex: fall cows, spring cows, feedlot calves)

What is the current ration for the group? (List in pounds/feedstuff/head per day)

What types of feedstuffs do you have available? Please list the price next to the feedstuff. **(I will need an analysis** for hay, silage and any by-product feed. Please refer to the NebGuide on sampling feedstuffs at www.twinforksclinic.com/PDFs/sampling_feedstuffs.pdf. The analysis can be faxed to Attn: Kevin at (308) 423-5478 emailed tfcbenk@twinforksclinic.com). Or we can collect the samples for you if you prefer.

What feed company do you work with? (Please include contact person, location and phone number.)

Do you have certain feedstuffs you would like allocated to certain groups? (ex: you may only be able to feed south pasture hay to the spring cows due to convenience)

Do you have a limited quantity of a certain feedstuff? Please give your best estimate.

How are you going to feed the product? (Do you have a mixer wagon? Scales ? Are you able to limit feed hay?)

After completing this sheet fill out the Ration Information Sheet that corresponds to the group(s) you are requesting a ration for. You must fill out a separate sheet for each group, because different groups require different information. I know this is a lot of information, but we are now balancing many rations and doing it right the first time is vitally important.



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Information Sheet (Breeding Bulls)

Producer:

Date:

Phone #:

Feeding period start (date):

Feeding period end (date):

Mature bull size:

Small

medium

large

Estimated Weight: _____

Breed type:

beef

dual purpose

dairy

Brahman X

Current condition score:

1

2

3

4

5

6

7

8

9

Desired condition change:

+1/4CS/mo

+1/2CS/mo

+3/4CS/mo

-1/4CS/mo

Wind exposure:

full

normal

minimal

Hair condition:

clean dry

heavy mud

matted

Hair Coat:

summer (Jun-Aug) transition (Sept-Oct, Apr-May) winter(Nov-Dec)

heavy winter (Jan-Mar)

Temperature:

Normal

5° colder

10° colder

5° warmer

10° warmer

Bull group size (head):

Head count (stage bulls are in and #):

1st season:

2nd season:

Mature: