



Employee Training Record

Date: _____ Training Conducted by: _____

Select Topic Covered:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Euthanasia | <input type="checkbox"/> Chemical | <input type="checkbox"/> Cows to Parlor | <input type="checkbox"/> Heifer Care |
| <input type="checkbox"/> Youngstock | <input type="checkbox"/> Stockmanship | <input type="checkbox"/> Newborn | <input type="checkbox"/> BQA and Vaccines |
| <input type="checkbox"/> Hoof Trimming | <input type="checkbox"/> Dystocia | <input type="checkbox"/> Hospital Protocol | <input type="checkbox"/> Commodity |
| <input type="checkbox"/> Milking Class | <input type="checkbox"/> Tractor and Equipment | <input type="checkbox"/> Animal Welfare | <input type="checkbox"/> Maternity |
| <input type="checkbox"/> Horsemanship | <input type="checkbox"/> Down Cow | <input type="checkbox"/> Calf Care | |

Print Name: _____ Signature: _____

Brief Description of What You Learned: _____

Print Name: _____ Signature: _____

Brief Description of What You Learned: _____

Print Name: _____ Signature: _____

Brief Description of What You Learned: _____

Print Name: _____ Signature: _____

Brief Description of What You Learned: _____

Print Name: _____ Signature: _____

Brief Description of What You Learned: _____
