



# Immediate Family Continuing Education Record

*This form is acceptable to meet the annual immediate family continuing education standard within FARM Animal Care Version 4.*

## Responsible Party Information

Facility Name \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Family Members (18 years and Older)

*Immediate family member is defined as a grandparent, parent, in-law, spouse, partner, sibling, child or grandchild of the legal guardian(s) or legal owner(s) of the dairy operation.*

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Training Topic

- BQA and Vaccines
- Calf Care
- Dystocia
- Euthanasia
- Fitness to Transport
- Hoof Trimming
- Hospital Protocol
- Maternity
- Newborn Calves
- Non-Ambulatory Cows
- Stockmanship
- Other \_\_\_\_\_

## Description of Training

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I confirm that I have facilitated and/or ensure that the individuals above have been properly trained in the above described areas.

Signature \_\_\_\_\_ Date \_\_\_\_\_