
ACMEFARM HEIFER REARING SERVICE

J & J Farmer (prop)
124 Farm Rd, Farmtown

Thank you for inquiring about the heifer services offered by AcmeFarm Heifer Rearing Service. We are a family run business from a pastoral and dairy background with an emphasis on quality, monitoring and performance in heifer rearing. We hope that the information provided will answer all your questions but if you have any further queries please contact J Farmer (mob: 0400 000 000).

CONTRACT DETAILS

HEIFER OWNER'S DETAILS

Name: _____

Address: _____

Contact phone (h): _____ (f): _____ (mob): _____

HEIFER DETAILS

Breed: _____

Group size: _____

Age at entry to rearing service (average mths): _____

ENTRY TO ACMEFARM FACILITY

Date of entry: _____ Time: _____

Transport to be provided by (owner or AcmeFarm): _____

Expected total stay at AcmeFarm (months): _____

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HEIFER HEALTH DETAILS

Vaccinations

Date of all previous vaccinations at entry

5in1

___/___/___

7in1

___/___/___

Pestivirus vaccine

___/___/___

Other (please specify): _____

___/___/___

Date of all previous worming treatments at entry

___/___/___

Expected worming interval (mths): _____

Johne's status of origin property (N/A; T&C; Infected; JDMAP): _____

MONITORING PROGRAM

Weighing interval: monthly with minimum contracted weight gain of 0.50kg per day per animal

Routine health monitoring provided by: AcmeFarm

Scheduled animal health treatments (worming and follow-up vaccination) to be delivered by
and at cost of: _____

SUPPLEMENTARY FEEDING PROGRAM

Supplement (concentrate and high quality fodder) provided by: AcmeFarm

Feeding rate: determined by AcmeFarm depending on recorded weight gains

Feeding interval: three times weekly

INVOICING DETAILS

Invoicing interval: every second month after entry date

Agreed rearing costs: \$xx.00 per week per heifer and \$xx.00 per kg live weight gain (based on heifer weight records supplied with invoice)

Invoice to be made out to: _____

Signed on behalf of AcmeFarm: _____

Signed on behalf of heifer owner: _____

Date: ___/___/___