868. FMD + HS Vaccination Record

Name of the Institution: GVH/ GVD												**Date of Vaccination**							
Sr. No.	**Name, Father's Name**	**Mobile No.**	**Animals not vaccinated**										**Animals vaccinated**						
			Calves (<4M)			Preg.Animals (>7M)			Refused Animals				Calve (4-8M)			Adult Animals			
			Cow Calf	Buff Calf	Total	Cow	Buff	Total	Cow	Buff	Total	Grand Total	Cow Calf	Buff Calf	Total	Cow	Buff	Total	**Grand Total**
	Total Farmers..... Overall Total																		