Bedding Sample Information Tag

Farm Name: ________________________________________
Address: ___________________________________________
Contact Person: _____________________________________
Phone: _______________ Date Sampled: ________________
Bedding Type: ____________________________
Date Bedding was Bought: ___________________

Sample Taken From (check one):

   Newly delivered load ____
   Storage pile ____
   Stalls ____ free tie (circle one)

If taken from stalls:

Date it was added to stalls: ____________  Pen # _______
Stalls of Dry cows? _____ Lactating Cows? _____
How often cleaned/bedded per week? _____

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