



FeedWatch Data Sheets

Please fill these sheets out completely and return them to the FeedWatch

General Information

Company Name	Date

Include all management, office staff, consultants & nutritionist that will access FeedWatch.

First Name	Last Name	Desktop Access	Scale Security Level				Access Code (1-4 Digits)
			Feed Only	Pen Counts	Adj. Loads	Full Access	

Feed Equipment

List your mixing equipment by name and capacity below.

Mixer Name	TMR Capacity	Premix Capacity	Equipment Type		
			Mobile Mixer	Stationary	Delivery Trk

Feeding Periods

What is the maximum number of times you will drop to a pen during a normal day?

Feeding Period	Approx Start Time	Approx End Time

Premixes

Also known as pre-batches, Mixes you perform and will add to another mix at a later time.

Premix Name:

Ingredient	AF or DM

Premix Name:

Ingredient	AF or DM

Premix Name:

Ingredient	AF or DM

Recipes/Rations

Formulation of ingredients that will be dropped to the pen

Mix Name: Example

Ingredient	AF or DM
Hay	9.5
MlkCowPmx	36.00
AlmndHulls	8.00
Bi-Carb	0.23
Corn Silage	31.00
Citrus	10.00

Mix Name:

Ingredient	AF or DM

Mix Name:

Ingredient	AF or DM

Mix Name:

Ingredient	AF or DM

Mix Name:

Ingredient	AF or DM

Mix Name:

Ingredient	AF or DM

Recipes/Rations Continued...

Mix Name:

Ingredient	AF or DM

Mix Name:

Ingredient	AF or DM

Mix Name:

Ingredient	AF or DM

Mix Name:

Ingredient	AF or DM

Mix Name:

Ingredient	AF or DM

Mix Name:

Ingredient	AF or DM

Loads

What pens will be dropped on the same loads. Please supply the name of the load and the pens for each load.

Load Name: Milk Cow 1

Time: 7:45am Equip: Mixer1

Drop Order	Pen Name
1	Pen 3
2	Pen 4
3	Pen 6
4	Pen 5

Load Name:

Time: Equip:

Drop Order	Pen Name

Load Name:

Time: Equip:

Drop Order	Pen Name

Loads Continued...

Load Name:

Time: Equip:

Drop Order	Pen Name

Load Name:

Time: Equip:

Drop Order	Pen Name

Load Name:

Time: Equip:

Drop Order	Pen Name

Load Name:

Time: Equip:

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Time: Equip:

Drop Order	Pen Name

Loads Continued...

Load Name:

Time: Equip:

Drop Order	Pen Name

Load Name:

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Drop Order	Pen Name

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Load Name:

Time: Equip:

Drop Order	Pen Name