

Steer Pool Home Visit

Date: _____

Calf (Pick Number) : _____

Steer Pool Member: _____

Visited By: _____

1: How much do you think your steer weighs? _____

2: How much are you feeding and why?

3: What have you been doing with your steer lately?

4: What problems are you having with your steer?

5: Suggestions by the Steer Pool Committee Member doing the visit:

6: Other Comments:

Signature of Steer Pool Member: _____

Please keep completed form in record book folder.