



# Weaning Growth Chart

Pre-Fledgling aged chick-Fledgling age

<b>Species:</b> _____ <b>Band No:</b> _____ <b>Hatch Date:</b> ___ / ___ / ___
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Date (Day-Month-Year)	Weight (g)	Feeding (Quantity and Amount: ml or # of spoons)												Dropping (good (✓), green (G), liquid (L), dry (D))	Special Care and Comments [housing; location (nursery, weaning room, post weaning room) chick pen with box, dry food, perch, water] [Harness; in/out] [Rotary tool] [Towel] [Transporter] [Food test; lot, expiration, date started] [When feeding; lunges, bites, begs, indifferent] [Feather abnormalities] ADD INITIALS	
		Morning			Noon			Evening			Night					
		Syringe	Spoon	Wet food	Syringe	Spoon	Wet food	Syringe	Spoon	Wet food	Syringe	Spoon	Wet food			