Feed Inventory

All feed (including non-ruminant and medicated feed) purchased for, grown on, or mixed for your goat operation must be noted in this record.

Date Received (d/m/y)	Supplier's Name	Product Name	Amount Purchased	DIN# or Batch #s	Expiry Date (d/m/y)	Storage Location	Sampled (Y/N)	Quantity Remaining at Time of Review and Date of Review	Disposal Comments and Date	Initials

(Note: Record the date(s) of your inventory review in the comments section)

Comments:

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Producer's Signature: _____   Date: _____

Auditor's Initials: _____   Audit Date: _____