# HOJA DE EVALUACIÓN DE LA MASTITIS CLÍNICA

ESTABLO:______________________________ PERIODO:____________a____________
Mes/Día/Año Mes/Día/Año

| Vaca No. | Cuarto Ant. Izq. / Post Der | Parto Mes/Día/Año | Lactancia No. | | | Fecha de Tratamiento Mes / Día / Año | Días en Leche | Fase de la Lactancia (Días en Leche) | | | | Co-rral | No. Episodios Clínicos | | Observaciones |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3+ | | | <10 | 10 a 100 | 100 a 200 | >200 | | Por Vaca | Por cuarto | |
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| | TOTALES: | | | | | TOTALES: | | | | | | | | | |