## Available Animal Fields

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| --- | --- | --- | --- |
| **Field Name** | ***Type*** | **Field Name** | ***Type*** |
| Animal Age | *Text* | License Number | *Text* |
| **Animal Name1** | *Text* | Microchip Number | *Text* |
| Beginning Weight | *Number* | NAIS Animal ID | *Text* |
| Beginning Weight Date | *Date* | NAIS Premises ID | *Text* |
| Birthdate | *Date* | NPIP Identifier | *Text* |
| Bordetella Vaccination Date | *Date* | Owned or Leased | *Radio Buttons* |
| Brand | *Text* | Owner Name | *Text* |
| Breed | *Drop-down, by breed list or text field if no breed list* | Parvo Expiration Date | *Date* |
| Breeder Location | *Text* | Parvo Vaccination Date | *Date* |
| Breeder Name | *Text* | Pullorum Test Date | *Date* |
| Brucellosis Tag | *Text* | Purchased or Leased Date | *Date* |
| Coggins Test Date | *Date* | Rabies Expiration Date | *Date* |
| Colors and Markings | *Text* | Rabies Product Serial Number | *Text* |
| County Raised | *Yes/No* | Rabies Tag Number | *Text* |
| Dam Breed | *Drop-down, by breed list or text field if no breed list* | Rabies Vaccination Date | *Date* |
| Dam NAIS Animal ID | *Text* | Rabies Vaccination Date Given | *Date* |
| Dam NAIS Premises ID | *Text* | Registered Name | *Text* |
| Dam Name | *Text* | Registration Association | *Text* |
| Dam Owned or Leased | *Radio Buttons* | Registration Number | *Text* |
| Dam Owner Name | *Text* | Retinal Image | *Yes/No* |
| Dam Registration Number | *Text* | RFID | *Number* |
| Description | *Text* | Scrapie Flock ID | *Number* |
| Detailed Animal Type | *Text* | Sex | *Radio Buttons* |
| Distemper Vaccination Date | *Date* | Sire Name | *Text* |
| DNA Collected | *Yes/No* | Sire Registration Number | *Text* |
| Ear | *Text* | Spayed or Neutered | *Yes/No* |
| Earnotch | *Text* | **Tag1** | *Text* |
| FVRCP Vaccination Date | *Date* | Tag Color | *Text* |
| Health Certificate Number | *Text* | **Tattoo1** | *Text* |
| Health Inspection | *Yes/No* | Type of Pet | *Text* |
| Health Inspection Date | *Date* | Type of Poultry | *Text* |
| Height | *Text* | Vet Client Patient Relationship | *Text* |
| Height (in Hands) | *Text* | Weigh-In Location | *Text* |
| Height Certificate | *Yes/No* |  |  |
| Home Raised | *Yes/No* |  |  |

**1 – One of these fields must be selected as the Animal Identifier.**