

C-GRAZ PLANNING SHEET 528 – PRESCRIBED GRAZING

INFO NEEDED:

OPERATION NAME: _____
(FARMER/PRODUCER NAME, IF NO KNOWN OPERATION NAME)

FIRST NAME: _____ LAST NAME: _____

STATE: _____ REGION: COASTAL PIEDMONT MOUNTAIN

FORAGE INVENTORY (TYPE) EACH TRACT/FIELD

Tract Number	Field Number	Field Ac.	Field Name/1	Forage Type/2

/1 Name of field that producer refers to.

/2 Each field. Example:

Field 1 – Fescue & Clover

Field 2 – Bahia

Field 3 – Warm season Mix (such as bahia, crabgrass, Bermuda)

Field 4 – Wheat

ADD MORE PAGES AS NEEDED OR USE NOTE SHEET

SELECT ONE OF THE FOLLOWING:	YES/NO
Rotated every 1-4 days	
Rotated every 5-14 days	
Rotated every 15-21 days	
Continuous Heavy (OVERGRAZED)	
Continuous Lax (NOT OVERGRAZED)	

GRAZING PERIOD (EFFICIENCY)

