

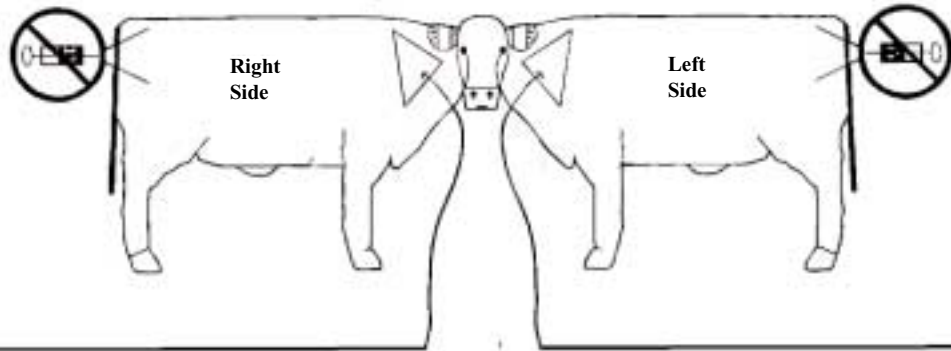
Cattle Health Record

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

When possible select SubQ products and never give injections in rear leg or top butt.

List "Treatment" Number on line connecting injection Triangle & indicate ear implanted



List of Common Procedures:

- | | | | | |
|----------------------------|-----------------|--------------------|----------|------------------|
| Respiratory virus vaccines | Clostridials | Pasteurella | H.Somnus | Brucella vaccine |
| Internal Parasites | Coccidiostat | External Parasites | Implants | Antibiotics |
| Creep/Bunk Broke | Micro-Nutrients | Medicated Feed | | |

Circle procedure performed and list on numbered line in table below AND list number on line above that corresponds to the side of the cattle the injection was given. NOTE: Use the Injection Triangle for all shots.

Procedure Procedure #	Lot or Serial #	Company	Date Given	Date Withdrawal	Booster N/Y-when	Processor Initials
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Number of Cattle: _____ Date Weaned: _____ Dehorned (circle) Yes / No

Bulls _____, Steers _____ (method _____), Heifers _____ (Spayed: (circle) Yes / No - method _____)

ID: Right Ear or Left Ear / Group color and number: _____ / Individual (as appropriate): _____

Description / Comments _____

Owner's Signature: _____ Date: _____

Veterinarian's Signature: _____ Phone: _____

Keep This Record For 24 Months After Transfer of Ownership