

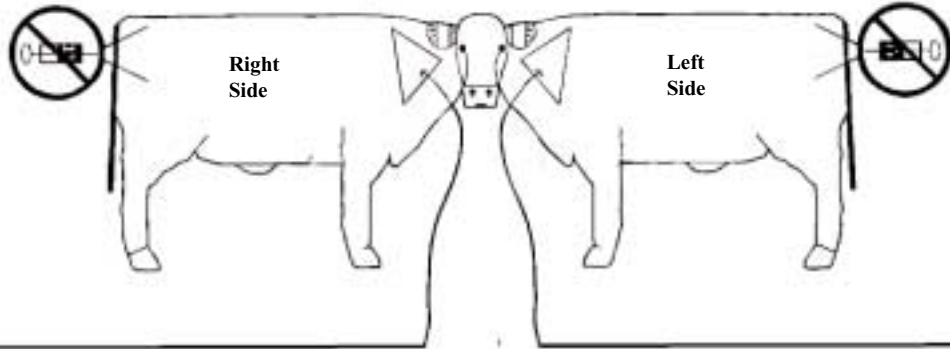
# Cattle Health Record

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<br>Procedure # | Lot or<br>Serial # | Company | Date<br>Given | Date<br>Withdrawal | Booster<br>N/Y-when | Processor<br>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**