

Feeder Calf Vaccination, Wormer, and Treatment Record **2019**

Complete a separate form for each feeder calf.

*Return this completed form of **Booster Shots**
By Friday, June 28, 2019 to the Extension
Office.*

**Farm Visit
Sunday, June
23th 12-3 pm**



Exhibitor Name: _____

Circle one: Beef Feeder Steer Beef Feeder Heifer Dairy Feeder Steer

Animal ID #: _____ Color: _____ Birth Date: ____/____/____ Breed type: _____

Name/Address where animal is housed:

Owner/operator name: _____

Address: _____ City: _____ Phone: _____

Treatment Date & Time	Condition Being Treated	Treatment Given List Specific Name of Medication or Vaccination dispensed.	Amount and Route of Administration	Print Name and Contact # of Person Who Gave Treatment

I, _____, certify that this feeder calf was in my possession by May 15 and that the treatment record is complete and accurate.
(Exhibitor Name)

Exhibitor Signature: _____ Date: ____/____/____