

# Feeder Calf Vaccination, Wormer, and Treatment Record

# 2019

Complete a separate form for each feeder calf. **Bring completed form to tagging on June 2, 2019.**  
 Please note: *Follow up farm visit (Boosters) scheduled for June 23th, 2019.* Paperwork due **June 28<sup>th</sup>, 2019.**

Shelby County  
 Fairgrounds  
 Beef Barn  
Sunday, June 2rd  
 12-2 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: \_\_\_\_/\_\_\_\_/\_\_\_\_