2026 Shelby Co. Junior Fair
Feeder Calf Vaccination Record

Tag # ____________________
(to be filled in by JFB)

Bring one completed Vaccination Record per animal to Tag Pick-Up!

Tag Pick-Up & Vaccination Record Check: 1 to 2 PM on May 3rd at the Sale Committee Office

SECTION I: Exhibitor Information

Exhibitor Name: ____ **Birthdate:** _____/_____/_____

Club/Chapter: ____ **Phone:** ______________________

Address: ____

Email: ____

SECTION II: Animal Information & Treatment Record

Feeder Type (select one): ☐**Beef Feeder (Steer)** ☐**Beef Feeder (Heifer)** ☐**Dairy Feeder**

Birthdate of Animal: _____/_____/_____

RECOMMENDED TREATMENT:

Inforce 3: 1 cc in each nostril
Once PMH IN: 1 cc in each nostril
Vision 7: 2 cc SQ (needs a booster in 2-4 weeks, no later than 6/1)
Virashield 6: 5 cc SQ (needs a booster in 2-4 weeks, no later than 6/1)
Ivermectin Pour-On: 5 cc per 100 lbs body weight, poured down the middle of the back (repeat in 2-4 weeks, no later than 6/1)

Treatment Date/Time	**Condition Being Treated** *(preventative vaccine/parasites/illness)*	**Treatment Given** *(List specific name of medication) Inforce 3*	**Amount and Route of Administration** *(SQ, IM, Oral, Nasal) 1 cc, Intranasal*	**Name & Phone # of Person who gave Treatment**
Ex. 3/1	*Preventative Vaccine*			*Chris Clover, 937-498-7239*