

# Feeder Calf Vaccination, Wormer, and Treatment Record **2017**

Complete a separate form for each feeder calf.

*Return this completed form of Booster Shots by Friday, June 16, 2017 to the Extension Office.*

**Farm Visit  
Sunday, June 11<sup>th</sup>  
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: \_\_\_\_/\_\_\_\_/\_\_\_\_