## Shelby Co. Junior Fair FEEDER CALF VACCINATION RECORD

Tag #	
	(to be filled in by JFB)

RECOMMENDED TREATMENT: INFORCE 3, ONCE PMH IN, VIRASHIELD 6, ULTRABAC/VISION 7, VETRIMEC POUR-ON WORMER					
Treatment Date/Time	Condition Being Treated (Preventative vaccine, worms, illness)	Treatment Given List Specific Name of Medication Dispensed	Amount (cc, ml) and Route of Administration (SQ, IM, Oral, Nasal)	Name & Phone Number of Person Who Gave Treatment	
Ex. 12/1	Preventative Vaccine	Inforce 3	Nasal	Joe Clover, 937-498-7239	