

Calf Preventative Health Processing Information

Owner: _____
 Ranch: _____
 Premises ID: _____

Initial Working (Branding) Date: _____

Product	Dose (mL)	Site	Route	Lot #s	Exp. Dates	Initial

Brand: _____ Brand Location: _____

of Males: _____ # of Females: _____ # Dehorned: _____

Castrated: _____ Castrated by: _____ If castrated at an earlier time, when: _____

Secondary Working Date: _____

Weaning Date: _____

Product	Dose (mL)	Site	Route	Lot #s	Exp. Dates	Initial

Brand: _____ Brand Location: _____

of Males: _____ # of Females: _____ # Dehorned: _____

Castrated: _____ Castrated by: _____ If castrated at an earlier time, when: _____

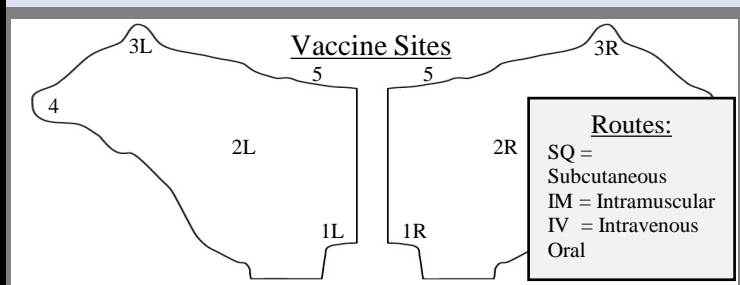
Revaccination Date: _____

Product	Dose (mL)	Site	Route	Lot #s	Exp. Dates	Initial

Brand: _____ Brand Location: _____

of Males: _____ # of Females: _____ # Dehorned: _____

Castrated: _____ Castrated by: _____ If castrated at an earlier time, when: _____



Veterinarian: _____
 Date: _____ (Optional)

Owner/Agent: _____
 Date: _____ (Optional)

Cow and Bull Preventative Health Processing Information

First Working Date: _____

Product	Dose (mL)	Site	Route	Lot #s	Exp. Dates	Initial

Brand: _____

Brand Location: _____

of Males: _____

of Females: _____

Dehorned: _____

Secondary Working Date: _____

Product	Dose (mL)	Site	Route	Lot #s	Exp. Dates	Initial

Brand: _____

Brand Location: _____

of Males: _____

of Females: _____

Dehorned: _____

Third Working Date: _____

Product	Dose (mL)	Site	Route	Lot #s	Exp. Dates	Initial

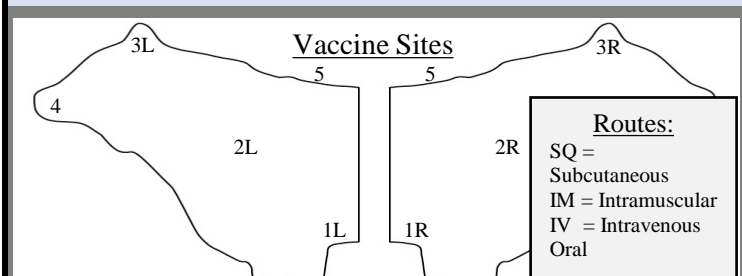
Brand: _____

Brand Location: _____

of Males: _____

of Females: _____

Dehorned: _____



Veterinarian: _____

Date: _____ (Optional)

Owner/Agent: _____

Date: _____ (Optional)