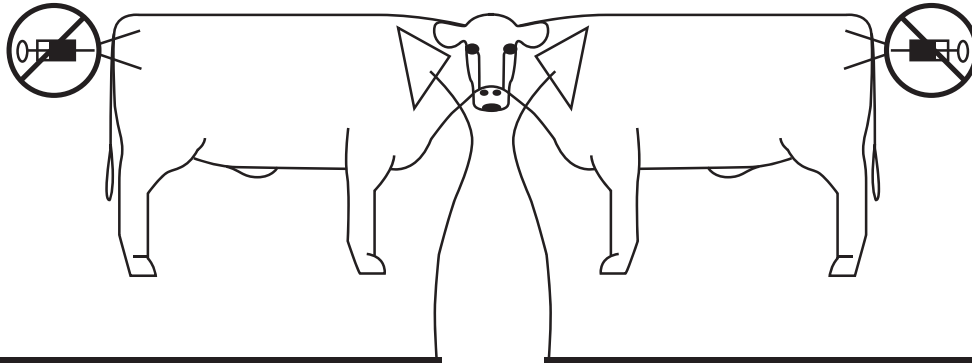


Cattle Health Record

Name: _____ Address: _____

City: _____ State: ____ Zip: _____ Ph: _____

Identify Brand and Indicate Location



List "Procedure Number" on the line above which corresponds to the side of the cattle the injection was given. Give all injections within the Injection Triangle.

When possible select SQ products, and never give injections in rear leg or top butt.

List of Common Procedures:

- | | | | | |
|---------------------|------------------|---------------------|-----------|--------------|
| Respiratory virals, | Clostridials, | Pasteurella, | H.somnus, | Brucella, |
| Internal Parasites, | Coccidiostat, | External Parasites, | Implants, | Antibiotics, |
| Creep/Bunk Broke, | Micro-Nutrients, | Medicated Feed | | |

Circle procedure performed and list on numbered line in table below AND list number on line above that corresponds to the side of the cattle the injection was given.

NOTE: Use the Injection Triangle for all shots.

Procedure / Procedure #	Lot or Serial #	Company	Date Given	Date Withdrawal	Route Admin	Dose	Booster N/Y-when	Crew Initials
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Number of Cattle: _____ Date Weaned: _____ Dehorned (Yes / No)

Bulls ____ Steers ____ (method _____) Heifers ____ (Spayed: No/Yes =method _____)

ID: Right Ear or Left Ear/Group color and number: _____ /Individual (as appropriate):

Description / Comments:

Owner's Signature: _____ Date: _____

Veterinarian's Signature: _____ Phone: _____