## Cattle Health Record

Name: $\qquad$ Address: $\qquad$
City: $\qquad$ State: $\qquad$ Zip: $\qquad$ Ph: $\qquad$
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, |
| :--- | :--- | :--- | :--- |
| Internal Parasites, | Coccidiostat, | External Parasites, | Implants, |
| Creep/Bunk Broke, | Micro-Nutrients, | Medicated Feed |  |

Circle procedure preformed 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.
$\left.\begin{array}{|l|l|l|l|l|l|l|l|l|}\hline \begin{array}{l}\text { Procedure / } \\ \text { Procedure \# }\end{array} & \begin{array}{l}\text { Lot or } \\ \text { Serial \# }\end{array} & \text { Company } & \begin{array}{l}\text { Date } \\ \text { Given }\end{array} & \begin{array}{l}\text { Date } \\ \text { Withdrawal }\end{array} & \begin{array}{l}\text { Route } \\ \text { Admin }\end{array} & \text { Dose }\end{array} \begin{array}{l}\text { Booster } \\ \text { N/Y-when }\end{array} \begin{array}{l}\text { Crew } \\ \text { Initials }\end{array}\right]$

Number of Cattle: $\qquad$ Date Weaned: $\qquad$ Dehorned (Yes / No)

Bulls $\qquad$ Steers $\qquad$ (method $\qquad$ ) Heifers $\qquad$ (Spayed: No/Yes =method $\qquad$ _)

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

Description / Comments:
Owner's Signature: $\qquad$ Date: $\qquad$

Veterinarian's Signature: $\qquad$ Phone: $\qquad$

