

Cattle Health Record

Name:		Address:						
City:			State:	Zip:		Ph:		
		Identify	Brand a	nd Indicate	Location	1		
0.5								
the When possible List of Commo Respirato Internal F	e injection e select SQ p on Procedur ory virals, Parasites, unk Broke, re preforme o the side of	was given. products, and es: Clostridial Coccidiosi Micro-Nut d and list on the cattle the	Give all inever given all inever given all inever given all inever given all inever all	Pasteurella, External Para Medicated F	thin the li rear leg or asites, eed	njection Tr top butt. H.somnus, Implants,	iangle. Brucella, Antibiotid	CS,
Procedure / Procedure #	Lot or Serial #	Company	Date Given	Date Withdrawal	Route Admin	Dose	Booster N/Y-when	Crew Initials
1.	00.10.1.1						1.7	
2.			1					
3.								
4.								
5.								
6.								
7.								
8.								
Number of Cat	tle:	Date \	Weaned: _		Dehorned	(Yes / No)	•	
BullsSte)
ID: Right Ear o	r Lett Ear/G	roup color an	ıa number	:/	'individual	(as appropr	riate):	
Description / 0	Comments:							
Owner's Signa	ture:				_Date:			

Veterinarian's Signature: __