

HEALTH RECORD

Ranch Name: _____

Location: _____ Phone: _____

Cattle Information

Number of Head: _____ Breed/Color: _____

Description: Steers or Heifers _____ Calves or Yearlings _____

Origin (ranch raised, purchased, both) _____ Natural: Yes _____ No _____

3rd Party Age & Source Verified: Yes or No _____ Verified By: _____

Vaccination Record (please list specific product names)

Date Administered: _____

IBR/P13

BVD/BRSV: _____

Modified Live or Killed

Clostridial: _____

Pasteurella: _____

Wormer: _____

Other: _____

Date Administered: _____

IBR/P13

BVD/BRSV: _____

Modified Live or Killed

Clostridial: _____

Pasteurella: _____

Wormer: _____

Other: _____

Date Administered: _____

IBR/P13

BVD/BRSV: _____

Modified Live or Killed

Clostridial: _____

Pasteurella: _____

Wormer: _____

Other: _____

Additional Information: _____

Sale Date: _____

Fax: 209.746.1587