



# Herd Vaccination/Treatment Record

Name/Ranch: \_\_\_\_\_

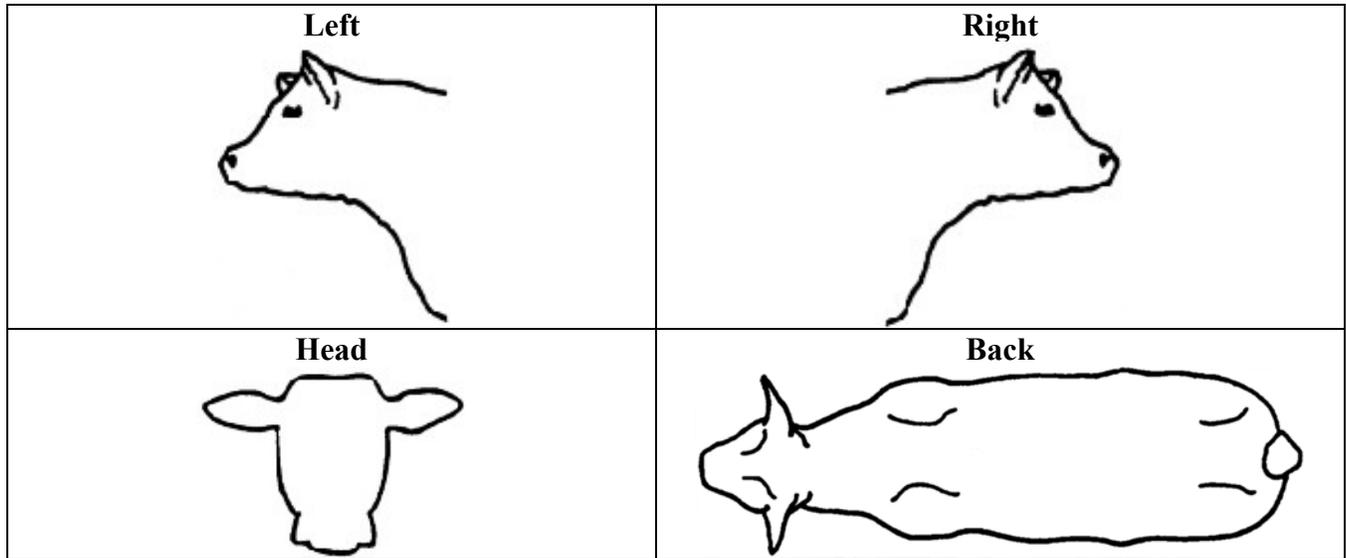
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Number of Cattle: \_\_\_\_\_ Description: \_\_\_\_\_

Identification of animals: \_\_\_\_\_

Date Administered: \_\_\_\_\_ Owner/Manger Signature: \_\_\_\_\_



Indicate site of treatment with the corresponding number from the table below.

Site #	Treatment	Product	Lot or Serial #	Company	Exp. Date <sup>1</sup>	Dose	R.O.A. <sup>2</sup>	With-drawal	Crew Initials
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

1-Expiration Date

2- ROA=Route of administration: SQ-under skin, IM-muscle, O-oral, PO-pour on, or IN-nostrils

**BQA=Beef Quality Assurance:** All injections should be administered in the neck region, and where possible select Sub Q products to protect meat quality.