

## Producer Self Verification Vaccination and Processing Record for Feeder Calves

Farm name (seller) \_\_\_\_\_ Address: \_\_\_\_\_

Telephone number(s) \_\_\_\_\_ BQA Certification Number (if have one) \_\_\_\_\_

Cattle description: \_\_\_\_\_ Ear Tag numbers represented by this record: \_\_\_\_\_

**Seller Verification:** I certify that the procedures and vaccinations listed below have been administered to the cattle represented by this certificate.

**Seller Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Weaning Date: \_\_\_\_\_ Castration Date: \_\_\_\_\_ Castration Method: \_\_\_\_\_

Dehorning Date: \_\_\_\_\_ (or indicate if animals are polled) Dehorning Method: \_\_\_\_\_

Purpose	Date Treated	Product and Company	Lot or Serial #	Expiration Date	Booster Required?	Person giving Treatment
1. Initial respiratory viral (IBR- BVD- BRSV- PI <sub>3</sub> )						
2. Respiratory viral booster (if required by label)						
3. Initial Clostridial/ blackleg						
4. Clostridial/ blackleg booster (if required by label)						
5. Pasteurella/Mannheimia						
6. Parasite and dewormer						
7. Implant (optional)						
8 Others, use back if needed (list purpose)						
9.						
10.						

**Veterinarian Verification (optional):** I certify that I completed the procedures initialed by me on the above record form to the cattle represented by this certificate. No warranty of cattle health or performance is implied.

**Veterinarian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_