

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 ₃)						
2. Respiratory viral booster (if required by label)						
3. Initial Clostridial/ blackleg						
4. Clostridial/ blackleg booster (if required by label)						
5. Pasteurella						
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:** _____