

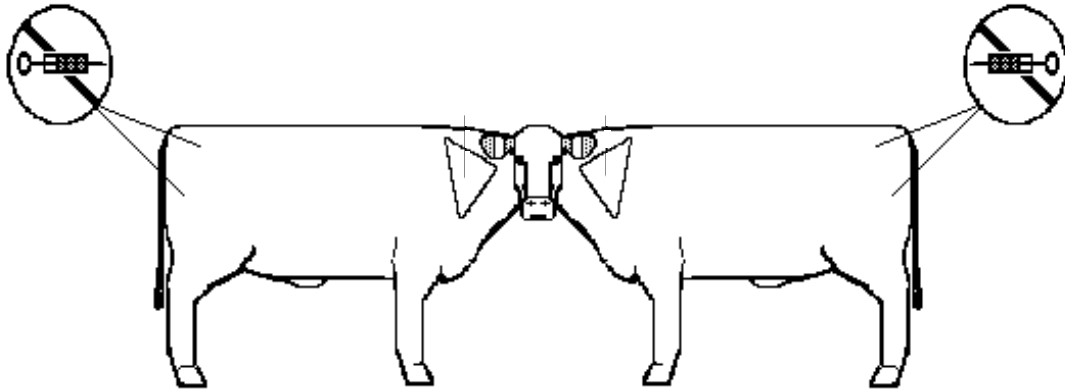
# Group Cattle Health Record

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

*When possible, select SubQ products and never give injections in rear leg or top butt.*



Place procedure number on diagram above indicating location of administration.

Procedure Number	Ear Tag	Ear Date	Procedure	Date	ML	Booster	Use	Booster	Other
1.									
2.									
3.									
4.									
5.									
6.									
7.									

Group/pen Identification \_\_\_\_\_

Number of cattle \_\_\_\_\_ Date Weaned: \_\_\_\_\_, Dehorned ( Yes / No )

#Bulls \_\_\_\_\_, Steers \_\_\_\_\_ (method \_\_\_\_\_), Heifers \_\_\_\_\_ (Spayed: Yes / No = method \_\_\_\_\_),

Current Ration: \_\_\_\_\_ lbs/hd/day \_\_\_\_\_

Description/Comments: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Veterinarian's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**Keep This Record for 24 Months**