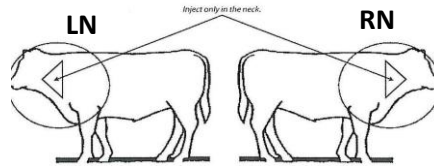


2009 M&M Feeder Calf Sale HEALTH DATA

Owner _____
 Address _____



Each line is for an individual calf. Indicate which vaccine and deworming was done. Indicate where each vaccine or dewormer was given (picture) and the route of administration used.

Processor Signature _____

	Date	Product	Content	MFL/Killed/combo	Route a.	Serial No	Exp. Date
1							
2							
3							
4							
5							
6							
7							
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11							
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13							
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18							
19							
20							

a. Route of Admin.: SQ= subcutaneous, IM = intramuscular, PO= pour on, IN = intra nasal, BO = bolus, RN=right neck, LN=left neck, BK=back

7:00 PM	Wean and first vaccination	Booster and pre-cosign	Contacts for pre-cosign	4-way virus vaccine for IBR-PI3-BVD-BRSV (mlv)
SALE DATE			Joey Martin @ 864.940.4800	7-way Clostridial
1-Sep	4-Aug	18-Aug	Rodney Osborne @ 864.876.0878	External and internal parasite control
TBA			http://www.martincattle.com/	Pasturella is optional
TBA			SCCA @ 877-859-9121	Bulls will be knife castrated and healed
			E-mail - scca@sccattle.org	Horned cattle will be dehorned/healed or tipped

KEEP RECORDS TWO YEARS