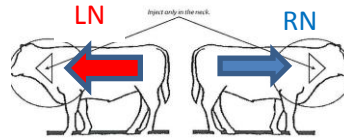


2009 M&M Feeder Calf Sale HEALTH DATA

Owner My Name or Farm Name
 Address 123 MyRoad,
MyTown, SC 29000-0000
 Processor's Signature *Processor's Signature*



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.

	Date	Product	Content	MFL/Killed/comb	Route a.	Serial No	Exp. Date
1	8/4/2009	MyViral Vaccine (10dose)	IBR-PI3-BVD-BSRV	MFL	SQ,RN	123XY456Z1	5/30/2010
2	8/4/2009	MyViral Vaccine (10dose)	IBR-PI3-BVD-BSRV	MFL	SQ,RN	123XY423XA	5/30/2010
3	8/4/2009	My7way Vaccine(50 DOSE)	7way Clostridial-H Somnus-Pasturella	Killed	SQ,RN	AZ897B429	4/28/2008
4	8/4/2009	MyDeWormer (50 dose)	Intrenal - External dewormer	PO	PO,BK	4552abxzy123	3/15/2011
5	Booster time	(product #3 is the same as #8) (product #4 is the same as #9)					
6	8/18/2009	MyViral Vaccine (10dose)	IBR-PI3-BVD-BSRV	MFL	SQ,LN	890XY456MD	6/15/2010
7	8/18/2009	MyViral Vaccine (10dose)	IBR-PI3-BVD-BSRV	MFL	SQ,LN	783XY423XJ	6/15/2010
8	8/18/2009	My7way Vaccine(50 DOSE)	7way Clostridial-H Somnus-Pasturella	Killed	SQ,LN	AZ897B429	4/28/2008
9	8/18/2009	MyDeWormer (50 dose)	Intrenal - External dewormer	PO	PO,BK	4552abxzy123	3/15/2011
10							
11							
12							
13							
14							
15							
16							
17							
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 SALE DATE	Wean and first vaccination	Booster and pre-cosign	Contacts for pre-cosign	4-way virus vaccine for IBR-PI3-BVD-BRSV (mlv)
1-Sep	4-Aug	18-Aug	Joey Martin @ 864.940.4800	7-way Clostridial + Hemophilus somnus
TBA			Rodney Osborne @ 864.876.0878	External and internal parasite control
TBA			http://www.martincattle.com/ SCCA @ 877-859-9121	Pasturella is optional
			E-mail - scca@sccattle.org	Bulls will be knife castrated and healed
				Horned cattle will be dehorned & healed or tipped

KEEP RECORDS TWO YEARS