



Dairy Beef Health Record



(This completed form is Required to unload your calf at the NWMI Fair)

Youth Producer Information:		
4Her Name:		County Registered:
Home Address:		
Phone #:	4H Club:	
Adult Contact Information:		
Club Leader:		Phone #:
Parent:		Phone #:
Animal Information:		
Breed of Calf:	RFID #:	Ear Tag #:
Calf DOB:		Date of Purchase:

Name of Vaccine:
Date of Vaccination:
Person Giving Vaccination:
Vaccine Lot # :
All Dairy Feeder calves MUST be vaccinated against: Bovine Rhinotracheitis(IBR) Parainfluenza 3 (PI3) Bovine Respiratory Syncytial Virus (BRSV)

Dewormer, Medications, or Other Treatments:		
Name of Medication/Treatment:	Date Given:	Person Giving Treatment:

I certify that I produced this calf in a safe and healthy way. The calf was not fed any prohibited mammalian protein (i.e. meat and bone meal), per FDA regulations CFR 21. I have listed **ALL** products and treatments the calf received while in my care, and have followed all withdraw times listed on the products/treatments.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____