



# Dairy Feeder Health Record



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

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

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

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

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: \_\_\_\_\_