



## **Lamb Health Record**





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

Youth Pi	roducer Informa	tion:	
4-Her Name:			County Registered:
Home Address:			
Phone #: 4H Club:			
Animal I	nformation:		
Breed of Lamb:			Ear Tag #:
Lamb DOB:			Date of Purchase:
Vaccinations:			
Name of Vaccine:			
1 <sup>st</sup>	Date Given:		Person Giving
Vaccine:			Vaccination:
2 <sup>nd</sup> Vaccine:	Date Given:		Person Giving Vaccination:
Worming: All 4-H lambs MUST be dewormed at least 30 days prior to coming to the fair!			
Brand of Wormer:			Date of Deworming:
Brand of Wormer:			Date of Deworming:
Other Medications or Supplements			
List ALL other medications or supplements that your lamb has received while in your care.  (Attach extra pages if needed)			
Medication/Supplement: Date Given:		Date Given:	Reason:
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