



Dairy Feeder & Jr. Beef Health Record



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

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|------------------------------------|--------------------|
| Youth Producer Information: | |
| 4Her Name: | County Registered: |
| Home Address: | |
| Phone #: | 4H Club: |
| Animal Information: | |
| Breed of Calf: | Ear Tag #: |
| Calf DOB: | Date of Purchase: |

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| Name of Vaccine: |
| Date of Vaccination: |
| Person Giving Vaccination: |
| Vaccine Lot # : |
| Calves must be vaccinated against Bovine Rhinotracheitis (IBR), Parainfluenza 3 (PI3), Bovine Respiratory Syncytial Virus (BRSV) |

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|--------------------------------------|--------------------|---------------------------------|
| Other Medications/Treatments: | | |
| Name of Medication/Treatment: | Date Given: | Person Giving Treatment: |
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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: _____