



Dairy Feeder, Dairy Veal & Jr. 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:	
Animal Information:		
Breed of Calf:		Ear Tag #:
Calf DOB:	Date of Purchase:	

Inforce 3 Vaccine:
Date of First Vaccination:
Person Giving Vaccination:
Vaccine Lot # :
Date of Second Vaccination:
Person Giving Vaccination:
Vaccine Lot # :

Other Medications/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: _____