



Large 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: |
| Adult Contact Information: | |
| Club Leader: | Phone #: |
| Parent: | Phone #: |
| Animal Information: | |
| Breed of Calf: | Ear Tag #: |
| Calf DOB: | Date of Purchase: |

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|------------------------------|
| Name of Wormer: |
| Date of Worming: |
| Person Administering: |
| Withdrawal Period : |

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|---|--------------------|---------------------------------|
| Other Medications/Treatments Received: | | |
| Name of Medication/Treatment: | Date Given: | Person Giving Treatment: |
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Do NOT administer ANY medication, including wormer, within 45 days of the Northwestern Michigan Fair without consulting a veterinarian and the Large Beef Species Chair.

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: _____