



Quality Assurance Sales

Phillip I. Osborne, Extension Specialist

(Revised 1996)

Quality Assurance Calf Health Record

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

All Vaccinations Must Be Administered In Specified Sites

Date	Treatment	Product	Company	Lot	Site of Admin.
	7-Way Clostridial				1. Neck
	H. somnus				
	* IBR PI ₃ BVD				2. Neck
	BRSV				
	Leptospirosis				
	** Pasteurella				3. Neck
	Internal Parasites				
	External Parasites				
	Implant				

* Recommend calves under 5 months of age be vaccinated with a chemically-altered product agent IBR PI₃ due to interference from maternal antibodies. BVD vaccine must be a killed product

** Pasteurella vaccine needs to contain a leukotoxin component

Castration Method: _____ Creep YES ___ NO ___
Dehorned YES ___ NO ___ Calving Interval _____ Date Weaned _____

Sire Data

Breed	EPDs	
	WW	YRWT

Description/Comments: _____

Processor: _____ Signed: _____

Herd Listing

Steers

Heifers

	Calf ID	Breed/Color	Est. Wt.		Calf ID	Breed/Color	Est. Wt.
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			
11				11			
12				12			
13				13			
14				14			
15				15			
16				16			
17				17			
18				18			
19				19			
20				20			
21				21			
22				22			
23				23			
24				24			
25				25			
26				26			
27				27			
28				28			