

## HEALTH PRE-CONDITIONING CHECK LIST



Description or Identity of Cattle:

Number of Steer(s): \_\_\_\_\_ Number of Heifer(s): \_\_\_\_\_

Virus & Pasteurella (Mannheimia) Vaccine:

Booster?

Product name: \_\_\_\_\_ Date Given: \_\_\_\_\_

Product name: \_\_\_\_\_ Date Given: \_\_\_\_\_

Product name: \_\_\_\_\_ Date Given: \_\_\_\_\_

Product name: \_\_\_\_\_ Date Given: \_\_\_\_\_

Blackleg (7-way Clostridial) or Somnus:

Product name: \_\_\_\_\_ Date Given: \_\_\_\_\_

Product name: \_\_\_\_\_ Date Given: \_\_\_\_\_

Product name: \_\_\_\_\_ Date Given: \_\_\_\_\_

Product name: \_\_\_\_\_ Date Given: \_\_\_\_\_

Other Vaccines:

Product name: \_\_\_\_\_ Date Given: \_\_\_\_\_

Product name: \_\_\_\_\_ Date Given: \_\_\_\_\_

Product name: \_\_\_\_\_ Date Given: \_\_\_\_\_

Parasite Control:

Product name: \_\_\_\_\_ Date Given: \_\_\_\_\_

Product name: \_\_\_\_\_ Date Given: \_\_\_\_\_

Other:

Date Weaned: \_\_\_\_\_ Implanted?: \_\_\_\_\_ With: \_\_\_\_\_

Date Castrated: \_\_\_\_\_ BVD Tested? \_\_\_\_\_ Result: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Owner or Ranch Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

To the best of my knowledge, the information provided is true and accurate.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# DETECT. DEFEND. DELIVER.