

<b>Consigner name:</b>	<b>Cattle Description:</b>	
<b>Address:</b>	<b>Headcount:</b>	
	<b>Weaned?</b>	<b>Date Weaned:</b>
<b>Phone number:</b>	<b>Banded</b> <u>OR</u>	<b>Knife Cut</b>

<b>Spring Vaccination Program</b>	<b>(circle vaccines given)</b>	<b>Date administered:</b>
-----------------------------------	--------------------------------	---------------------------

<u>7 way Vaccinations:</u> Ultrabac 7	Alpha 7	7 way
Ultrabac 7 with somubac	Alpha 7/MB -1	UltraChoice 7
Vision 7	One Shot	Caliber 7
Vision 7 20/20	One Shot Ultra 7	Bar-Vac 7/Somnus

Other: \_\_\_\_\_

<u>5 way Vaccinations:</u> Cattle Master Gold FP5	Bovishield Gold 5	Vista Once SQ
Pyramid 5	Bovishield One-Shot	Once PMH IN
Pyramid 5 with Presponse SQ	ViraShield 6	Inforce 3

Other: \_\_\_\_\_

Dewormer and/or Pour on: \_\_\_\_\_

Implants: \_\_\_\_\_

<b>Fall Vaccination Program</b>	<b>(circle vaccines given)</b>	<b>Date administered:</b>
---------------------------------	--------------------------------	---------------------------

<u>7 way Vaccinations:</u> Ultrabac 7	Alpha 7	7 way
Ultrabac 7 with somubac	Alpha 7/MB -1	UltraChoice 7
Vision 7	One Shot	Caliber 7
Vision 7 Somnus	One Shot Ultra 7	Bar-Vac 7/Somnus
Vision 7 20/20		Covexin 8

Other: \_\_\_\_\_

<u>5 way Vaccinations:</u> Pyramid 5	Cattle Master Gold FP5	Vista Once SQ
Pyramid 5 with Presponse SQ	Titanium 5	Once PMH IN
Bovishield Gold 5	Inforce 3	Express 5
Bovishield One-Shot	ViraShield 6	Express 5 HS

Other: \_\_\_\_\_

Dewormer and/or Pour on: \_\_\_\_\_

Implants: \_\_\_\_\_

\* I certify that all the above information is correct and accurate.\*

Consigner Signature: \_\_\_\_\_

Date: \_\_\_\_\_