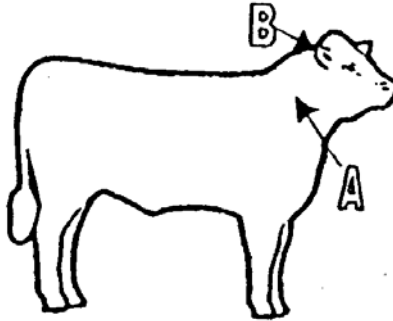


BEEF HEALTH RECORD FORM I

Developed by OSU Animal Sciences
(Cow calf producer should provide with calves)



PURCHASED FROM:
Name: _____
Address: _____
Phone: _____



RECEIVED BY:
Name: _____
Address: _____
Phone: _____

Treatment Period	Date	List Brand Name of Product(s) used	Injection* Site	Dose	Booster 2nd injection Date
Calf Hood					
Brucellosis (Breeding Heifers only)					
Weaning Time					
Internal Parasites					
External Parasites					
Implants					
Antibiotics Record Tag #					



	Date
Castration	
Weaned	
Dehorned	
Brand	
Location	

<i>(Optional for large groups) Tag Numbers</i>			

* Location listed (L)eft or (R)ight (for brand) and A (neck) or B (ear) for location of injection or implant.

I certify that I produced this animal(s) and I have listed ALL products and treatments they received.

Signed: _____ Date: _____