



**Feeder Calf Health Record**  
 (Completed form **REQUIRED TO UNLOAD ANIMALS** at Manistee Co. Fair)



<b>4-H Youth Producer Information:</b>		
4-Her Name:		County Registered:
Home Address:		
Phone #:	4-H Club:	
<b>Adult Contact Information</b>		
Club Leader:		Phone #:
Parent:		Phone #:
<b>Animal Information:</b>		
Breed of Calf:	RFID#:	Ear Tag #:
Calf DOB:	Date of Purchase:	County of Purchase:

<b>Name of Vaccine:</b>
<b>Date of Vaccination:</b>
<b>Person Giving Vaccination:</b>
<b>Vaccine Lot #:</b>
All Feeder Calves <b>MUST</b> be vaccinated against: Bovine Rhinotracheitis (IBR) Parainfluenza 3 (PI3) Bovine Respiratory Syncytial Virus (BRSV)

<b>Dewormer, Medications, or Other Treatments:</b>		
<b>Name of Medication/Treatment:</b>	<b>Date Given:</b>	<b>Person Giving Treatment:</b>

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.

4-Her Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_