Seller #:	Name:	Date:
Weaning Date: _____		
Birth Dates: _____ to _____, _____ Month Month Year	Fall Shots First Dose:	Fall Shots Booster:

7/8 way:

Alpha 7
Aspen 7
Bar-Vac 7
Caliber 7
Covexin 8
Electroid 7
Fortress 7
Ultrabac 7
Ultrachoice 7
Vision 7 or 8
Other:

7/8 way + Haemophilus:

Aspen 7 Somnus
Bar-Vac 7/Somnus
Ultrabac 7/Somubac
Vision 7 Somnus
Vision 8 Somnus
Other:

7 way + Pasteurella:

One Shot Ultra 7 or 8
Other:

4 way: IBR,BVD,BRSV,&PI3

Arsenel 4:1
Bovishield Gold 5
Cattlemaster Gold 5
Conquest 5K or 6K
Elite 4
Virashield 5
Express 4
Onset 5 IN
Pyramid 4 or 5
Triangle 4 or 5
Vista 5 SQ
Other:_____

Intranasal: IBR & PI3

Nasalgen IP
TSV-2

4/5 way + Haemophilus:

Conquest 5K or 6K + HS
Elite 5 + HS
Express 5 + HS
Virashield 5 or 6 + Somnus
Resvac 4/Somubac
Triangle 4 + HS
Other:

4 way + Pasteurella & Haemophilus:

Triangle 4 + PH/HS

4/5 way + Pasteurella:

4 Once Plus
Express 5 – PHM
Pyramid 4 or 5 + Presponse SQ
Titanium 4 Once
Titanium 5 + PHM Bac 1
Titervac 5 + PHM
Triangle 4 = PH-K
Vista Once PHM
Other:

Haemophilus:

Somubac
Somushield
Septimune
Somnus
Somutech
Other:

Pasteurella:

One Shot
Once PMH
PHM Bac 1
Pulmoguard PHM1
Presponse HM
Respishield HM
Other:

7 way + Pinkeye:

Alpha 7/MB-1
Ocu-Guard MB-1 Pinkeye
Piliguard Pinkeye 7
Piliguard Pinkeye Triview
Vision 7 20/20 w/ Spur

Other Information:

Knife Cut
BQA Certified
Grassfed
All Natural
Water Broke
7 way @ birth
Banded
Footrot
Bunk Broke
No Implants
Fall Implant:_____
Other:_____

Pinkeye:

Federal Autoginus
Piliguard Pinkeye 1
Pinkeyeshield XT4
Other:

Spring Time Shots:

7 way:
Haemophilus:
4 way:
Pasteurella:
Implant:
Pinkeye:
Other:

Poured:

Cydectin
Cylence
Promectrin
Ivermax
Warbex
Ivomec
Permectrin
Saber
Dectomax
Ivermectrin
Exile
Delice
Boss
Other:_____

Replacement Cattle:

Open
Exposed ____/____to___/___
Bred: _____
Confirmed: Blood Test Palpation

Exposed or Bred to:
_____

Genetic or Diseased tested:

_____
_____
_____
_____

Farm Name: _____

Address: _____
_____

Phone: (_____) _____

Email:_____

Consignor Signature:

_____