

Beatrice 77 Livestock Bred Cow Vacc Sheet



Name: _____ Sale Date: _____ # of Hd: _____

Date of vaccination: _____ OCV'd: YES or NO

Bull bred: _____ AI bred: _____

Bull in: _____ Bull out: _____ Ultrasound Date: _____

Calving Date: _____

PREGNANCY PROTECTION

____ Bovi-Shield Gold FP5 VL5 HB
____ Vista 5 VL5 SQ
____ Express FP 5-VL5
____ CattleMaster 4 + VL5
____ CattleMaster Gold FP5 L5
____ PregGuard Gold FP 10
____ ViraShield 6 VL5 HB
____ Triangle 10 HB
____ ReproSTAR VL5 HB
____ StayBred VL5

SCOUR VACC

____ Scour Bos 9
____ Scour Bos 4
____ Guardian
____ Scour Guard 4KC
____ Bovine Pili Shield
____ Autogenous

PINKEYE

YES or NO

Other: _____ Product: _____

PARASITE CONTROL

Date: _____
Type: Drench Injectable Pour-on
Brand: _____

CLOSTRIDIAL

____ Vision 7
____ Vision 8
____ Alpha 7
____ Caliber 7
____ Ultrabac 7
____ Ultrabac 8

NOTES/INFORMATION YOU WANT ANNOUNCED:

DVM Signature: _____

Name: _____

Vet Clinic: _____