

How long has your operation been in business? _____

What are the areas of the operation that you are proud of? _____

What are the areas of the operation that you would like to improve? _____

Do you use the following vaccines, and when do you use them?

Calves:

Type of Product	Product Name	Date Given	Date Given	Date Given
Modified Live Viral				
Pasteurella				
7 Way Clostridial				
Histophilus somni				
Other				

Heifers:

Type of Product	Product Name	Date Given	Date Given	Date Given
Modified Live Viral				
Vibrio				
Lepto				
7 Way Clostridial				
Scour Protection				
C& D Clostridial				
Other				

Cows:

Type of Product	Product Name	Date Given	Date Given	Date Given
Modified Live Viral				
Vibrio				
Lepto				
7 Way Clostridial				
Scour Protection				
C& D Clostridial				
Other				

Do you pregnancy check your cows and heifers, and why? _____

Do you implant your calves, what product do you use, and why? _____

Do you castrate at branding with a band or knife, and why? _____

Thank you for giving us the opportunity to serve you!!!

Client Signature: _____