

**INFO-LINK: Health Management Information on Feeder Cattle. Please print.**

Producer Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Farm Name: \_\_\_\_\_

\_\_\_\_\_ # Steers      \_\_\_\_\_ # Heifers      Method of castration: \_\_\_\_\_

	PRODUCTS	DATE USED	BOOSTER
Vaccinations -Calves			
Parasite Control			
Vaccinations – Cow Herd		Pre-breeding <input type="checkbox"/>	Post-breeding <input type="checkbox"/>

Comments: *i.e.: implants, weaning date, feeding programs*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ VBP Verified

The vaccination program has been implemented as prescribed by the herd veterinarian.  
 The information documented on this card is complete and accurate.

*Courtesy of Beef Farmers of Ontario*

**CCIA Ear Tag Numbers, enter as a sequence where possible**  
 ( if more space is needed attach separately)

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Birth date information available in CCIA database? Yes \_\_\_ No \_\_\_ (Attach certificate if available)