

June 2005 Updated INFO-LINK

INFO-LINK: Health management information on feeder cattle. <i>Please print.</i>			
Producer Name: _____		Address: _____	
Farm Name: _____		_____	
_____ # Steers	_____ # Heifers	Method of castration: _____	
	PRODUCTS	DATE USED	BOOSTER
Vaccinations - <i>Calves</i>			
Parasite Control			
Vaccinations - <input type="checkbox"/> <i>w/ Herd</i>	<input type="checkbox"/>	Pre-breeding	Post-breeding
Comments: <i>i.e.: implants, weaning date, feeding programs</i>			
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.			
<i>Courtesy of the Ontario Cattlemen's Association</i>		<i>Complete the reverse side.</i>	

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

Birth date information available in CCIA database? Yes ___ No ___ *(Attach certificate if available)*