



## FEEDER CATTLE SALE

### PROCESSING RECORD

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date weaned: \_\_\_\_\_

**ALL INJECTIONS MUST BE GIVEN IN THE NECK.**

Treatment	Date	Product	Serial/Lot #	Exp Date	SQ	IM	Pour on
1 = 5 way (MLV)							
2 = Booster 5 way (MLV)							
3 = 7-way							
4 = Pasteurella							
5 = Pinkeye Vaccine							
6 = Int/Ext Parasites							

Polled     Dehorned    Date/method dehorned: \_\_\_\_\_

Total number of animals: \_\_\_\_\_    Calves: \_\_\_\_\_    Yearlings: \_\_\_\_\_

Date and method of castration: \_\_\_\_\_

Producer Signature: \_\_\_\_\_    Date: \_\_\_\_\_

Veterinarian Signature: \_\_\_\_\_    Date: \_\_\_\_\_

**Using the "Feeder Cattle Sale Check In" form, please fill in the farm tag, gender, natural qualification, and date of birth information.**

Please list additional comments or descriptions on the back of this sheet.