FORM 1

Veterinarian/Client/Patient Relationship Validation Form

This form needs to be filled out yearly.

Review Date: _____ Expiration Date: _____

Producer

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Farm name and location: _____

County: _____

Certified status: _____

Verified: _____

Type of operation certified:

- ☐ Cow-calf
- ☐ Dairy production (milk, cull cows, and replacement heifers)
- ☐ Beef stocker
- ☐ Other (specify): _____

Veterinarian

Name: _____, DVM

Address: _____

City: _____

State: _____

Zip: _____

State license number: _____

I hereby certify that a valid Veterinarian/Client/Patient Relationship (VCPR) is established for the above listed owner, and will remain in force until cancelled by either party, or the verification expiration date is reached.

Veterinarian's signature: _____

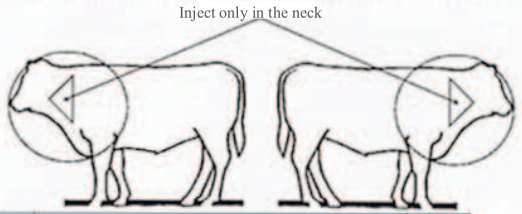
Date: _____

Copy this page, cut on the dotted line, and enlarge to 150%. Form will fit on a legal-size page (8.5 x 14").

FORM 2

Individual Animal Treatment Record

All records should be maintained for at least 3 years.



Year: _____ Farm name/Owner: _____

Date	Animal ID	Problem/Diagnosis	Product	Dosage	Route Given*	Site	Meat Withdrawal		Notes	Initials
							Time (days)	Date		

*Route of administration: SQ, IM, oral, topical, IV, or intramammary.

Copy this page, cut on the dotted line, and enlarge to 150%. Form will fit on a legal-size page (8.5 x 14").

FORM 4

Group Processing Record

Owner: _____

Address: _____

Group of Cattle: _____

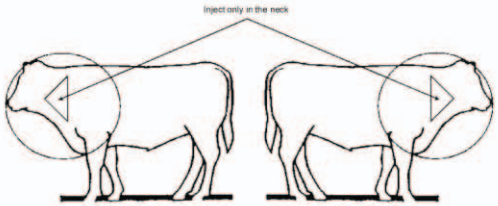
Tag Numbers: *from:* _____ *to:* _____

Sale Date: _____

Sale Location: _____

Processor's Signature: _____

All records should be maintained for at least 3 years.



Completing the Processing Record:

1. Indicate (on the line to the left) the group of cattle being worked and the date.
2. Indicate on the diagram of the calf with a number "1" the location of the injection site of the first drug administered.
3. Repeat this step for each vaccine or procedure administered.

Site*	Product	Content	MLV, Killed, or Combo/ Agent (i.e., MLV/IBR-)	Route	Date	Serial Number	Expiration	Withdrawal	Booster Date
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

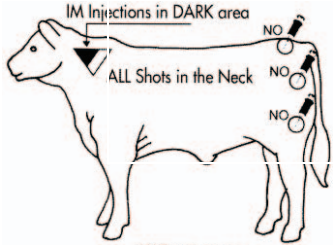
*Show location administered on cattle drawings at the top of the page.

Copy this page, cut on the dotted line, and enlarge to 150%. Form will fit on a legal-size page (8.5 x 14").

ANIMAL HEALTH PRODUCTS RECEIVING RECORD

Date Rec'd	Supplier/Distributor	Product Name	Quantity	Cost	Lot #	Serial #	Expiration Date

BQA Calf Health Record



When possible select subcutaneous (**SQ**) products to administer in the triangle of the neck.

Name:_____ Premise ID:_____

Address: _____

City: _____State:_____Zip:_____

Phone: _____

Marketing Location: _____

Health Program: Gold _____ Silver _____

Procedure/Product	Pre-Vac	Booster	Lot or Serial #	Company	Date Given	Date Withdrawal	Route Admin
1. IBR, PI3, BVD, BRSV,							
2. 7-Way Clostridial							
3. Pasteurella							
4. 5-way Leptospirosis.							
5. H.somnus							
6. Internal Parasites							

Additional Management Procedures

Weaned Date: _____ Dehorned Date: _____ Castration Date: _____

Description/Comments:_____

I certified that the identified calves have been administered the required vaccination program on the date(s) indicated following BQA guidelines.

Producer/Veterinarian: _____ Date: _____

IDENTIFICATION

Steers				Heifers			
	BQA Ear Tag	Birth Date	Breed/Color		BQA Ear Tag	Birth Date	Breed/Color
1.				1.			
2.				2.			
3.				3.			
4.				4.			
5.				5.			
6.				6.			
7.				7.			
8.				8.			
9.				9.			
10.				10.			
11.				11.			
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22.				22.			
23.				23.			
24.				24.			
25.				25.			
26.				26.			
27.				27.			
28.				28.			