



Sunflower Supreme Replacement Heifer Program

Weaning and Booster Vaccinations (#2)



Directions: Please fill out form completely. List vaccine name, lot number, injection technique, quantity, list of virus/parasites/bacteria protected against, and initials of who administered injections. Record for both weaning and booster (2-3 weeks later). Record number of head vaccinated and tag numbers. It is acceptable to record a range of tag numbers (i.e. 15-30). If additional space is required for tag numbers, list in the table at bottom of page. Identify location of injections on cattle outlines below using injection # code. Provide a copy of vaccine receipt to local county extension agent.

Operation Name: _____

Address: _____

Phone: _____

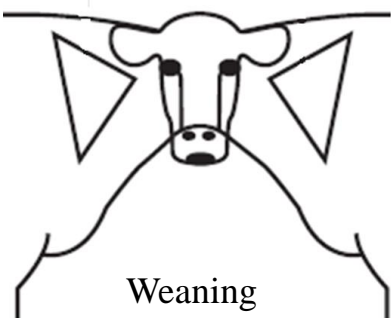
Beef Quality Assurance (BQA) Certification No.: _____ **Date Completed:** _____

Weaning Date: _____ **No. Head:** _____ **Tag No:** _____

Inj. #	Vaccine	Lot No.	Injection		Amt	Prevention Of:	Admin.
1			IM	SQ			
2			IM	SQ			
3			IM	SQ			
4			IM	SQ			
5			IM	SQ			
6			IM	SQ			
7			IM	SQ			

Booster Date: _____ **No. Head:** _____ **Tag No:** _____

Inj. #	Vaccine	Lot No.	Injection		Amt	Prevention Of:	Admin.
1			IM	SQ			
2			IM	SQ			
3			IM	SQ			
4			IM	SQ			
5			IM	SQ			
6			IM	SQ			
7			IM	SQ			



Additional Tag # :

