

# CATTLE PROCESSING INFORMATION

Owner: \_\_\_\_\_

Lot #: _____	Head: _____	Sex: M F	Premises ID: _____	Arrival Date: ____/____/____
Buyer: _____	Source: _____		Truck: _____	
Processing Date: ____/____/____	Time: _____	am pm	Air Temp: _____ °F	
Weight: _____ to _____	lbs.;	Avg.	Re-vacc Date: ____/____/____	
Individual ID #s: _____		Pen/Pasture: _____		
Condition: _____	Breed: _____	COO: _____		

- **Brand:** \_\_\_\_\_ Loc: \_\_\_\_\_ Hot Freeze **Registered to:** \_\_\_\_\_
- **Implant:** R L \_\_\_\_\_ **Serial/ Lot #** \_\_\_\_\_
- **Ext. Parasite Control:** \_\_\_\_\_ **Serial #** \_\_\_\_\_ **Dose:** \_\_\_\_\_ mL
- **De-horn:** Full Tip # \_\_\_\_\_ **Castrate:** knife band # \_\_\_\_\_

## Products Administered

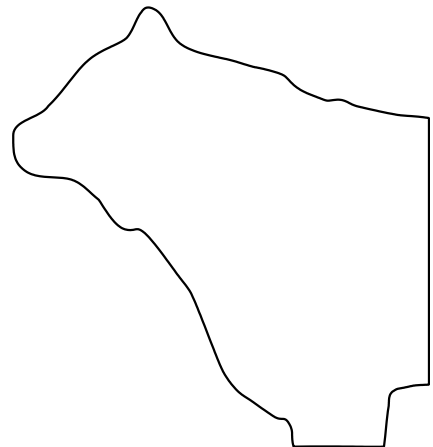
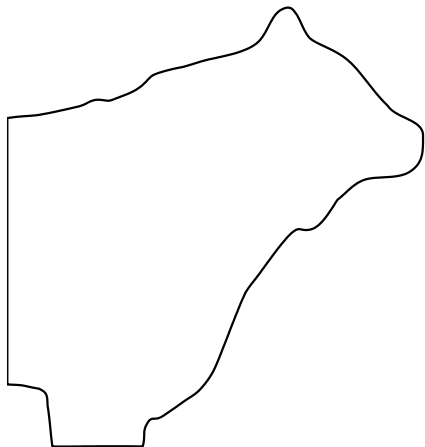
Site	Name	Dose (mL)	Route	Serial / Lot#	Withdrawal	Initials
(1) _____	_____	_____	SQ IM IV Oral IN Topical Ear	_____	_____	_____
(2) _____	_____	_____	SQ IM IV Oral IN Topical Ear	_____	_____	_____
(3) _____	_____	_____	SQ IM IV Oral IN Topical Ear	_____	_____	_____
(4) _____	_____	_____	SQ IM IV Oral IN Topical Ear	_____	_____	_____
(5) _____	_____	_____	SQ IM IV Oral IN Topical Ear	_____	_____	_____
(6) _____	_____	_____	SQ IM IV Oral IN Topical Ear	_____	_____	_____

**Boosters: Wt:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

(7) _____	_____	_____	SQ IM IV Oral IN Topical Ear	_____	_____	_____
(8) _____	_____	_____	SQ IM IV Oral IN Topical Ear	_____	_____	_____
(9) _____	_____	_____	SQ IM IV Oral IN Topical Ear	_____	_____	_____
(10) _____	_____	_____	SQ IM IV Oral IN Topical Ear	_____	_____	_____

Safe to Slaughter \_\_\_\_/\_\_\_\_/\_\_\_\_

Product Locations:



Comments: \_\_\_\_\_

Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Veterinarian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_