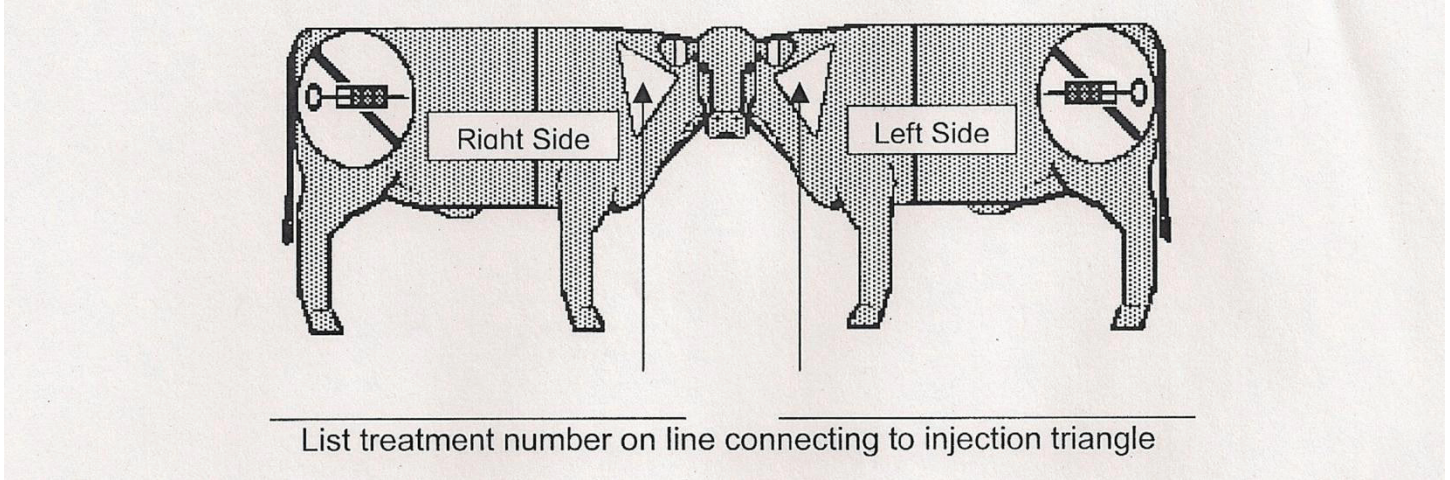


2012 MAINE CATTLE SALE PROCESSING RECORD

Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

Date weaned: _____



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

Polled _____ Dehorned _____ Date/method dehorned: _____

Total number of animals: _____ Calves: _____ Yearlings: _____

Date and method of castration: _____

Please fill in the farm tag, sex, natural qualification, and date of birth information (Bold Columns) on the enclosed check in form.

Producer Signature: _____ Date: _____

If treatments administered by a veterinarian, please have veterinarian sign.

Veterinarian Signature: _____ Date: _____

*** Pinkey vaccination is not needed for Fall Feeder Calf Sale; may be combined with Clostridial 7-way vaccine

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