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Bovine Veterinary Checklist (& Suggested Health Records)

Owner's Nam	ie:				
Animal ID/Na	me:				
Age:	Breed:	C	Color:		Sex:
	BE PREPARE	D TO KNOW THE FOLLOWING	QUESTI	ONS FOR Y	OUR VET
Weight in Pou	unds:				
Date of Last Deworming:		Product Used:			
Date of Last Fecal Exam:		Results:			
	ed Vaccination s & •	is: Clostridial Disease Complex IBR		eptospiral 213	Disease Complex
Product name	es and dates o	f administration of all vaccines.	:		
	ed Vaccinatior				

Product names and dates of administration of all vaccines:

MOST VACCINES NEED TO BE BOOSTERED TO BE EFFECTIVE, HAVE YOU FOLLOWED LABEL DIRECTIONS?

FOR VETERINARIAN USE ONLY – CHECKLIST TO BE MET FOR THE NORTHWEST WASHINGTON FAIR						
ID Prior to arrival:						
 REQUIRED: Legible Bangs Tattoo on all females 						
RECOMMENDED: USDA Metal ID or Brucellosis Tag & USDA NAIS ID						
The goal of the Veterinary Inspection is to minimize the potential for contagious and infectious						
diseases (including parasites). Examples of Infectious Disease and Parasites include:						
 Infectious Foot Rot Snotty Nose/Respiratory Ring Worm Pinkeye 						
Coarse, Dry Cough Evidence of Diarrhea Warts High Fever						
No Visible External Parasite Burden (or related clinical signs):						
Mange Lice						
Adequate Body Condition – Minimum BCS of 2.5						
• 1: Emaciated • 2: Thin • 3: Good Condition • 4: Overweight • 5: Obese						
 Food and water should be available at the Fair at all times 						
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Dehorned properly and completely healed						