

TOTAL QUALITY MANAGEMENT

CPH Tag Numbers with Letter Code _____ thru _____

Heifers: _____ Head Steers: _____ Head Total Head: _____

VACCINATIONS REQUIRED:

A. Four-Way Respiratory for IBR-BVD-PI₃-BRSV Product Name _____ Product Name _____	<u>First Shot Date</u>	<u>Serial Lot #</u>	<u>Expiration Date</u>
	<u>Booster Shot Date</u>	<u>Serial Lot #</u>	<u>Expiration Date</u>

B. Clostridial 7 Way Product Name _____	<u>Shot Date</u>	<u>Lot #</u>	<u>Expiration Date</u>
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C. Pasturella Vaccine Product Name _____	<u>Shot Date</u>	<u>Lot #</u>	<u>Expiration Date</u>
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D. Dewormer Product Name _____ Date Administered: _____
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E. Implant (Optional) Product Name: _____

All injections should be given in the neck and subcutaneously when possible!!!



*Trade products used were decided by the Green River CPH Sale Committee.
 No endorsement by the Kentucky Cooperative Extension Service is intended.