**Record of Health and Vaccination Form**

**2023-24 NYRAA Cattle Development Program**

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

Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consignor Farm Tag ID** | **Sex** | **Tattoo** | **840 Tag ID** | **Erwindale ID** | **Sale Lot #** |
|  |  | R:  L: |  |  |  |
|  |  | R:  L: |  |  |  |
|  |  | R:  L: |  |  |  |
|  |  | R:  L: |  |  |  |

**Record of Health and Vaccination**

|  |  |  |
| --- | --- | --- |
| **Date of Admin** | **Product/Vaccine administered** | **Mode of administration** |
|  |  |  |
|  |  |  |
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