

2017 FLORIDA HEIFER DEVELOPMENT PROGRAM HEALTH FORM



Ranch Name: _____
Owner/Manager: _____
Street Address: _____
City, State, Zip: _____
Telephone: _____
Email Address: _____

1 st Vaccination	Product/ Company	Serial and Lot #	IM/SQ	Dose	Date administered	Administered by (Producer/ Veterinarian)
7 or 8-way Clostridium + Haemophilus Somnus					/ /	
5-way Leptospirosis					/ /	
IBR,BVD, PI ₃ , BRSV					/ /	
Vibriosis						
Pasteurella (optional)					/ /	
2 nd Vaccination	Product/ Company	Serial and Lot #	IM/SQ	Dose	Date administered	Administered by (Producer/ Veterinarian)
7 or 8-way Clostridium + Haemophilus Somnus					/ /	
5-way Leptospirosis					/ /	
IBR,BVD, PI ₃ , BRSV					/ /	
Vibriosis					/ /	
Pasteurella (optional)					/ /	
Parasite Control (optional)					/ /	

***This form must accompany heifers at time of delivery to the NFREC-Marianna Beef Unit.**

Additional comments (use of implants, etc.) _____

Brucellosis Test Date ___/___/___ or Certificate Number _____
 State of Origin: _____ State Status: Brucellosis Free State _____ (Y/N)

Tuberculosis Test Date ___/___/___ or Certificate Number _____
 State of Origin: _____ State Status: T.B. Free State _____ (Y/N)

Official Certificate of Veterinary Inspection (Health Paper) No. _____ Date ___/___/___

I hereby certify that the above procedures were completed as outlined in the Florida Heifer Development Program rules and regulations for the heifers listed. I also certify that these vaccines have been administered by either myself or under my supervision.

Veterinarian Signature: _____ Date: _____