Reset ?

NOTE: You can fill out these fields for printing, but cannot save the values here

Enhanced Herd Health Program
Processing Records

Producer Name:_____ Period covered by this sheet: _____

Date	Animal Type/ID (Cow, RH, B, Calf)	Procedure - Vac, Deworm, Castration, Dehorn etc	Product Name	Route (IM, SQ, PO)	Dose	Injection Location	Withdrawal Period (days)	Comments

Include vaccines, antimicrobial treatments, injectable vitamins/minerals, implants, external or internal parasite control.
When possible select SQ or pour-on products. Give all injections in neck region only.

I certify that the animals listed above meet or will meet PEICA Heard Health requirements and products have been or will be administered according to label directions. I also certify that the information on this form is true and accurate. I agree to provide required copies of proof of purchase upon request. One of the signatures is required.

Producer:_____ Date:_____ Witness(Vet, Admin etc) _____ Date:_____