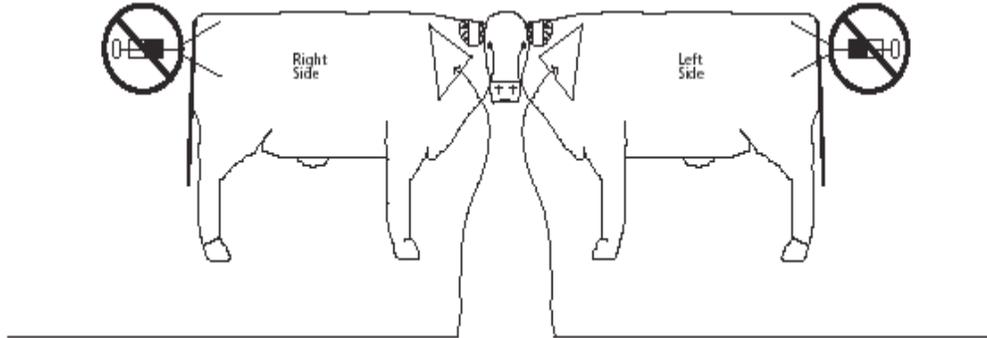


Mississippi Veterinary Certified Health Assurance Plan Cattle Health and Information Transfer Record

Name _____ Address _____
 City _____ State _____ Zip _____ Phone _____

Identify brand and indicate location.

Premises ID _____



List procedure number on the lines above that correspond to the side of the cattle the injection was given on. For procedures done on the cattle's right side, write the procedure numbers on the left line. For procedures done on the cattle's left side, write the procedure numbers on the right line. Give all injections within the Injection Triangle.

When possible, select SQ products, and never give injections in the rear leg or top butt.

On the illustration above, indicate the procedure(s) performed by marking the site with the corresponding procedure number from the table below.

Procedure/ Procedure #	Lot or Serial #	Company	Date Given	Route of Admin.	Dose	Booster Date Given	DVM Initials
1. Castrate							
2. Dehorn							
3. 7-way Clostridial							
4. IBR/BVD/PI3/BRSV							
5. Pasturella							
6. Deworm							
7.							
8.							
9.							
10.							

Number of Cattle _____ Date Weaned _____ Steers _____ Heifers _____

ID: Left Ear Group Color _____ Numbers _____ to _____

Description/Comments _____

Owner's Signature _____ BQA # _____ Date _____

Veterinarian's Signature _____ BQA # _____ Date _____

Print: _____

Veterinarian Name

Phone

Address

City

MS

Zip Code

State Veterinarian Phone Number: Dr. James Watson (601) 359-1170 P.O. Box 3889, Jackson, MS 39207