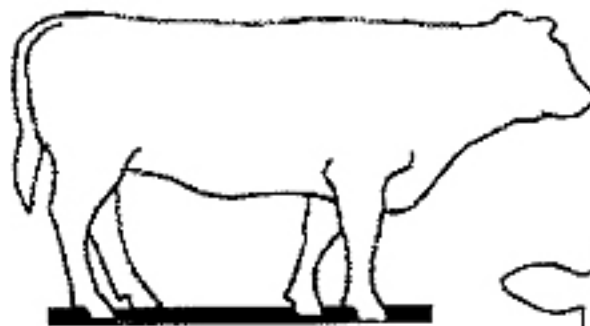
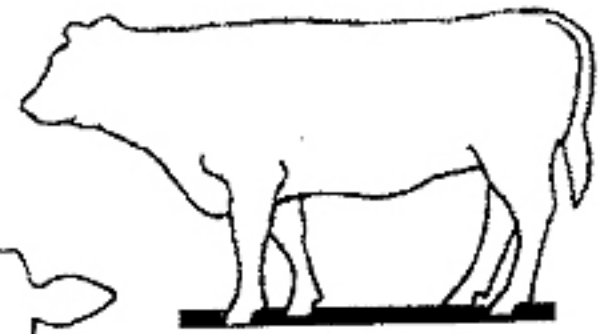


PROCESSING MAP

Date: _____
 Owner: _____
 Address: _____
 Phone Number: _____
 Operation: _____



RIGHT



LEFT



RIGHT

LEFT

Owner Signature _____

Veterinarian/Ext. Agent Verification _____

	VACCINATIONS	PRODUCT	SERIAL	IN	IM	SO
1	IBR, PI3					
	IBR, BVD, PI3					
	IBR, BVD, PI3, BRSV					
	IBR, BVD, PI3, Lepto, BRSV					
	IBR, BVD, PI3, Lepto, BRSV HS					
2	Vibrio/Lepto					
3	7-Way Clostridial					
	8-Way Clostridial					
	Cl. Tetani					
4	Pasteurella					
5	Anaplasmosis					
6	E.coli					
	Rota, Corona					
7	Rabies					

PARASITE CONTROL		
	Product	Dates
8	Dewormer:	
9	Lice:	
10	Grubs:	
11	Flies:	
	Tag _____	
	Pour _____	

MANAGEMENT PRACTICES	
12	___ Implant - Product/Date _____ ___ Castrate ___ # hd ___ Dehorn ___ # hd ___ Preg ✓ ___ # hd ___ Bunk-Broken ___ # hd ___ Tank-Broken ___ # hd

ANTIBIOTIC THERAPY	
Product	Dates