## Templeton Livestock Market Health Record Card (Send This Card or Copy With Calves When Sold)

Basic Vac\* Premium Vac\*\* Please select one program: Date Vaccinated No Head Product **Bang Hfrs Booster Date** Location Route of Sex Admin. Please circle if applicable NO Implants **NO** Antibiotics Comments Ranch Name Veterinarian\_\_\_\_\_Phone\_ Date Weaned Type of Feed Date Weaned Type of Feed I agree that by signing this affidavit that all shots listed above have been administered properly and that I have followed all guidelines set by Templeton Livestock Market and their vaccination program. Date **Templeton Livestock Market Health Record Card** (Send This Card or Copy With Calves When Sold) Please select one program: Premium Vac\*\* Basic Vac\* Date Vaccinated No Head Sex **Product Bang Hfrs Booster Date** Location Route of Admin. NO Implants **NO Antibiotics** Please circle if applicable Comments Name Ranch Name Veterinarian Phone Type of Feed Date Weaned Date Weaned Type of Feed Type of Feed agree that by signing this affidavit that all shots listed above have been administered properly and that I have followed all guidelines set by Templeton Livestock Market and their vaccination program. Date\_\_\_\_