

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

Please select one program: _____ Basic Vac* _____ Premium Vac**

Date Vaccinated	No Head	Sex	Product	Bang Hfrs	Booster Date	Location	Route of Admin.

Please circle if applicable NO Implants NO Antibiotics

Comments _____

Name _____ Ranch Name _____

Veterinarian _____ Phone _____

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.

Signature _____ Date _____

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

Please select one program: _____ Basic Vac* _____ Premium Vac**

Date Vaccinated	No Head	Sex	Product	Bang Hfrs	Booster Date	Location	Route of Admin.

Please circle if applicable NO Implants NO Antibiotics

Comments _____

Name _____ Ranch Name _____

Veterinarian _____ Phone _____

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.

Signature _____ Date _____