



Vaccination Information Form

Consigner Name _____

Address, City, State, Zip _____ Phone: _____

Cattle Description _____

Number of Head _____ Birth Date of Oldest Calf (Approx) _____

VACCINATION INFORMATION

1ST Series Shots- (Please List)

_____ Date Administered _____

2nd Series Shots- (Please List)

_____ Date Administered _____

Supporting Vaccination Documentation Attached (If Available)

Dehorned Yes No

Knife Castrated Yes No

All Natural Yes No

Weaned Yes No **Date Weaned** _____

Additional Information

Please Note that cattle receiving a 1st & 2nd series shot still qualify as being all natural. Vaccinations such as Four way, 7-way clostridial, Hemophilus, Pasteuralla **do not** disqualify cattle as being all natural.

Antibiotics, Growth Hormones, Steroids, Synthetic Hormones, and feed containing any animal by-products **will** disqualify cattle as being all natural.