

CHEROKEE CERTIFIED

VACCINATION VERIFICATION PROGRAM

Ranch Name: _____ Contact Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
of head: _____ Breed: _____ Color: _____
Gender: ☐ Steer ☐ Heifer ☐ Mixed

Program:

☐ CHEROKEE CERTIFIED VAC

☐ CHEROKEE CERTIFIED VAC AND WEANED

Certified By:

Owner Name: _____

Owner Signature: _____

Cherokee Certified Rep: _____

Certified Rep Signature: _____

Date: _____

Weaning Date: _____

Respiratory Protection (Product & Date Administered) :

1. _____

2. _____

7way Clostridial Protection (Product & Date Administered) :

Internal Parasite Control (Product & Date Administered) :

Dehorn & Castration Date:

Additional Comments:

In order to help buyers distinguish program calves they must be tagged with Cherokee Certified tags. Tags are \$1.00/each.

Attach to this form any proof of purchase and/or serial numbers on vaccinations administered

This certification is provided only as a service to the producer, person or entity whose name appears on the face hereof ("Owner/Manager"). All information is derived from data supplied by the Owner/Manager, who is solely responsible for the accuracy and so Cherokee Sales Co and/or Salt Plains Veterinary Services make no warranties, express or implied, regarding the accuracy, adequacy, completeness, reliability, usefulness, or legality of any information. Such information is "as is," and should be verified by the user before relying on for any purpose.