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