CHEROKEE CERTIFIED

VACCINATION VERIFICATION PROGRAM

Ranch Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

# of head: _____ Breed: _____ Color: _____

Gender: ☐ Steer ☐ Heifer ☐ Mixed

Program:

☐ PURCHASED PRECONDITIONED

☐ HOME RAISED PRECONDITIONED

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 $1.50/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.