**#**

**TAG #**

**(To be filled in at weigh-in.)**

**Attica Independent Fair**

**Feeder Vaccination Form**

**\*1st dose on or around June 1st. 2nd dose on or around July 1st.\***

Exhibitor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All calves must receive TWO doses of the following vaccines:

* IBR, P13,BVD,BRSV
* Pasteurella

**\*\*One series of vaccinations must be completed by a licensed Veterinarian.**

Date of 1st Dose: Vaccine Used: \_\_\_\_\_\_\_

Date of 2nd Dose: Vaccine Used: \_\_\_\_\_\_\_

**Veterinarian Signature:**

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person Administering Vaccines:**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Revised 1/2019)**