

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: _____

<p style="text-align: center;">TAG #</p> <p style="text-align: center;">(To be filled in at weigh-in.)</p>
