

**2019 Butler County Fair
Feeder Calf
Vaccination Form & Receipt
(Turned in at Beef weigh-in, Saturday, July 20th at 7:30 pm)**

Name _____

4-H Club/FFA Chapter _____

Receipt of Vaccination – MUST BE ATTACHED TO THIS FORM IN ORDER TO WEIGH IN JULY 20, 2019

CHECK WITHDRAWL TIME(S) PRIOR TO ADMINISTERING MEDICATION

Minimum of 4-way (IBR, BVD, P13 & BRSV) vaccination

1st Shot

(Follow ALL LABELED instructions for vaccine)

Date Given _____

Should be given the week of May 15th – 21st

Booster Shot (2nd Shot)

(Follow ALL LABELED instructions for vaccine)

Date Given _____

Should be given the week of June 12th – 18th

CHECK ALL WITHDRAWL TIME(S) on vaccination label. If you have any questions consult with your veterinarian.

Please attach receipt of medication purchased or bill from your veterinarian to this form.

Member Signature _____

Parent Signature _____

Date _____