

**Butler County Fair Feeder Calf  
Vaccination Form & Receipt  
(Turned in at Beef weigh-in)**

Name \_\_\_\_\_

4-H Club/FFA Chapter \_\_\_\_\_

**Receipt of Vaccination – MUST BE ATTACHED TO THIS FORM IN ORDER TO WEIGH IN**

CHECK WITHDRAWL TIME(S) PRIOR TO ADMINISTERING MEDICATION

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

<b>1<sup>st</sup> Shot</b> (Follow ALL LABELED instructions for vaccine)	Date Given _____
<b>Should be given the week of May 15<sup>th</sup> – 21<sup>st</sup></b>	

<b>Booster Shot (2<sup>nd</sup> Shot)</b> (Follow ALL LABELED instructions for vaccine)	Date Given _____
<b>Should be given the week of June 12<sup>th</sup> – 18<sup>th</sup></b>	

**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 \_\_\_\_\_