

TANANA DISTRICT 4-H/FFA ANIMAL HEALTH RECORD & PROOF OF VACCINATION

(Use Separate Sheet Per Animal)

ANIMAL NAME: _____ ID/TAG # _____

**Keep ORIGINAL in Record Book *COPY for Animal Delivery Day Vet Check*

Product Used:

Date Given	Vaccine	Manufacturer	Lot Number	Expiration	Dose	Description/Disease(s) Prevented	Who Administered	Cost

- *IF RAISING MARKET ANIMAL(S), DO NOT USE DRUGS/MEDICATIONS THAT ARE NOT APPROVED FOR USE IN MEAT ANIMAL(S)
- *FOLLOW DRUG/MEDICATION WITHDRAWAL PERIODS PRIOR TO FAIR/PROJECT COMPLETION
- *ALL ANIMAL(S) WILL BE INSPECTED FOR ILLNESS/EXTERNAL PARASITES BEFORE ENTERING BARNs AT THE FAIR
- *ANY ANIMAL(S) WITH ILLNESS/EXTERNAL PARASITES MAY NOT REMAIN ON THE FAIRGROUNDS

Total Cost of Animal Health Care: _____