

SAMPLE: HERD HEALTH VACCINATION RECORD

(where no protocol exists)

Client ID:	Herd ID:
Veterinarian:	Date:

Age group vaccinated:	
Vaccine Type:	
Manufacturer:	
Serial Number:	
Route of Administration:	
Site of Administration:	
Meat or milk withholding time:	
Re-immunization Date:	

Age group vaccinated:	
Vaccine Type:	
Manufacturer:	
Serial Number:	
Route of Administration:	
Site of Administration:	
Meat or milk withholding time:	
Re-immunization Date:	

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