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:** |  |

|  |  |
| --- | --- |
| **Age group vaccinated:** |  |
| **Vaccine Type:** |  |
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| **Route of Administration:** |  |
| **Site of Administration:** |  |
| **Meat or milk withholding time:** |  |
| **Re-immunization Date:** |  |