

Preconditioning Sheet

Owner: _____ **Total Hd.** _____ **Hfrs.** _____ **Strs.** _____

Vaccinations	Springs	Fall	Booster		Spring	Fall	Booster
7-Way Clostridials				Dewormer			
Vision 7/Somus				Generic Ivomec			
Alpha 7				Dectomax Pour on			
Covexin 8				Dectomax Injectable			
C. Perfringes Type A				Cyductin Pour on			
Respiratory Viral (IBR,BVD,BRSV,PI3)				Cyductin Injectable			
Virashield 6 + somnus				Eprinex			
Virashield 6				Synathic			
Vista 5				Fly/Lice Control			
Inforce 3				Ultra Saber			
Pyramid 5				Cylence			
Pasturella/Manhemia				Implants			
Pasturella 5 RX				Ralgro			
Pasturella + 7 way				Revalor G			
Vista Once				Revalor H			
Pyramid 5 + Presponse				Revalor XS			
Pinkeye				Revalor IS			
Autogenous Pinkeye (M.ovis and bovis)				Other:			
SolidBac Pinkeye IR/PR				Procedures			
Mycoplasma				Dehorn			
Autogenous myco				Castration			
				Band			
				Knife			
				Bangs RB51			

Other Information:

No Implants
 All Natural
 No Creep Feed
 BQA Certified
 Shots in the neck
 Other: _____

Consigner Signature:

 Date:

Weaning Date : _____

Veterinarian Signature:

 Date:

Birth Date: _____

Cattle Born & Raised In The USA:

COUNTY: _____
 STATE: South Dakota