



Lake Region Livestock Inc.
 PO Box 1198 Devils Lake, ND 58301
 701-662-2223



CALF VACCINATION RECORDS

Consignor's Name: _____ Load #: _____

Address: _____ City: _____

Phone Number: _____

Number of Cattle: _____ Color(s) of Cattle: _____

Shots at Birth: Date: _____

Shots at Turn Out: Date: _____

Pre Wean Shots: Date: _____

Shots at Weaning: Date: _____

Date Weaned: _____ Steers: Knife Cut Banded Date: _____

Implants: Steers Heifers None Both Type: _____

Source of Cattle: Home Raised Purchased Both

I attest that all livestock referenced by this document are of United States Origin.

Consignor's Signature: _____ Date: _____