



## Cow Calf & Backgrounder Herd Medical Record (Revised Dec'19)

### CONTACT INFORMATION

Operation \_\_\_\_\_ Date \_\_\_\_\_

Owner/Manager \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone number \_\_\_\_\_

### DESCRIPTION OF OPERATION

How many years have you owned cattle? \_\_\_\_\_

Classification:  Commercial cow-calf  Grasser/Backgrounder  Dairy

How do you maintain records? \_\_\_\_\_

Please describe your goals for the next 1, 5, 10 years, etc.?

### INVENTORY AND MANAGEMENT

Please describe your annual inventory:

	Heifers	Mature Cows	Bulls	Grassers	Backgrounders
# of head					
Breeds					
Source					

Please describe your processing procedures (check all boxes that apply):

Procedure	Calves			Grassers/Backgrounders	
	Birth	Branding	Weaning	Arrival	Reprocessing
RFID					
Management tag					
Castration					
Dehorning					
Vaccination					
Implant					
Pain mitigation					
Metaphylaxis					
Other:					

## HERD HEALTH AND REPRODUCTION

What type of respiratory vaccine do your mature cows receive?  Modified Live  Killed

What time of year do your cows receive their respiratory vaccine?  Pre-breeding  Fall/Preg check

Please describe your breeding, calving, and weaning season data:

	Date of bull turn-out	Length of breeding season	% Open at preg check	% Assisted at calving	% /# of calves weaned
Heifers					
Cows					

Please describe any health issues in the past year:

Class of Cattle	% Treated for:				% Died or Euthanized
	Pneumonia	Scours	Footrot	Pinkeye	
Calves					
Heifers					
Cows					
Bulls					
Grassers/Backgrounders					

Please describe any other health issues your herd experienced in the past year:

## NUTRITION

If applicable, what is the name of your nutritionist? \_\_\_\_\_

What nutrition technologies do you utilize?  feed/forage analysis  ration formulation

Do you provide mineral with added Vitamin A and E, and selenium during the winter?  Yes  No

Please describe any nutrition concerns you have:

## QUESTIONS AND COMMENTS

## PRESCRIPTION REQUIREMENTS

Please return complete form to a FVC staff member OR email to [info@fairviewvets.com](mailto:info@fairviewvets.com)

To be completed with assistance of a veterinarian:

Product	Reason for use	Class of cattle	Expected volume
<b>Vaccines</b>			
Pyramid FP5 + Presponse			
Express FP 5			
Vira Shield 6			
Ultrabac 7/Somubac			
Covexin Plus			
Scour Bos 9			
Fusoguard			
<b>Antibiotics</b>			
Biomycin 200			
Cefa-Lak / Special Formula 17900			
Draxxin			
Resflor			
Depocillin			
Duplocillin			
Trimidox			
Micotyl			
Calfspan			
<b>Other Products</b>			
Estrumate/Lutalyse			
Solmectin/Ivomec			
Meloxicam (Oral)			
Metacam			
Oxytocin			
Toltrazuril/Baycox			

Veterinarian: \_\_\_\_\_

Vet Signature: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_