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):

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

Please return complete form to a PRVS staff member OR email to info@peacerivervet.com

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

Please return complete form to a PRVS staff member OR email to info@peacerivervet.com

PRESCRIPTION REQUIREMENTS

To be completed with assistance of a veterinarian:

Product	Reason for use	Class of cattle	Expected volume
Vaccines			
Vista 5 SQ			
Vista 5 VL5 SQ			
Vista Once SQ			
Vision 8 w Spur			
Vision 8/Som			
Inforce 3 IN			
Antibiotics			
Biomycin 200/Oxyvet 200			
Cefa-Lak / Special Formula 17900			
Nuflor			
Resflor			
Depocillin			
Duplocillin			
Other Products			
Estrumate/Lutalyse			
Bovimectin/Ivomec (Pour On)			
Meloxicam (Oral)			
Metacam / Meloxidyl (Inj)			
Oxytocin			
Toltrazuril			

Veterinarian: _____

Vet Signature: _____   Date Reviewed: _____

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