



NEW YORK BEEF PRODUCERS' ASSOCIATION

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Email: nybeefproducers@aol.com website: www.nybpa.org

VACCINATION VERIFICATION FORM

Farm Name: _____

Seller's Contact INFO

Address: _____

Phone: _____ Email: _____

Animal ID(s): _____

Date Treated: _____

Product Used: _____

Manufacturer's Lot/Serial # _____

Expiration Date: _____

Location/Route of Administration: _____

Date of Meat Withdrawal: _____

Name of Administrator: _____

SEND THIS RECORD WITH CALVES