

LEXINGTON LIVESTOCK MARKET, LLC

Vaccination Report



Name: _____ Sale Date: _____ Hd. Count: _____

Dates: _____

Primary Shots: _____ Booster Shots: _____

CLOSTRIDIALS

	Primary	Booster
Vision 7	<input type="checkbox"/>	<input type="checkbox"/>
Vision 7\s	<input type="checkbox"/>	<input type="checkbox"/>
Fortress 7	<input type="checkbox"/>	<input type="checkbox"/>
Alpha 7	<input type="checkbox"/>	<input type="checkbox"/>
Clostridial w/Haemophilus	<input type="checkbox"/>	<input type="checkbox"/>
Ultrachoice 7	<input type="checkbox"/>	<input type="checkbox"/>
Caliber 7	<input type="checkbox"/>	<input type="checkbox"/>
Bar Vac 7	<input type="checkbox"/>	<input type="checkbox"/>
Bar Vac 7\Somus	<input type="checkbox"/>	<input type="checkbox"/>
Other: 7-way Brand: _____		

PASTEURELLA'S

	Primary	Booster
Once PMH	<input type="checkbox"/>	<input type="checkbox"/>
One Shot	<input type="checkbox"/>	<input type="checkbox"/>
Presponse	<input type="checkbox"/>	<input type="checkbox"/>
Antidote 1 PHM	<input type="checkbox"/>	<input type="checkbox"/>
Pulmaguard	<input type="checkbox"/>	<input type="checkbox"/>
Ultra\One Shot	<input type="checkbox"/>	<input type="checkbox"/>
Pyramid	<input type="checkbox"/>	<input type="checkbox"/>
4\Presponse	<input type="checkbox"/>	<input type="checkbox"/>
Pulmo-guard TM PHM-1	<input type="checkbox"/>	<input type="checkbox"/>
4-Once TM	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

RESPIRATORY/VIRUSES

Cattle Master®4	<input type="checkbox"/>	<input type="checkbox"/>
Bovi-Shield®4	<input type="checkbox"/>	<input type="checkbox"/>
Resvac®4\Somubac TM	<input type="checkbox"/>	<input type="checkbox"/>
Vira Shield®5	<input type="checkbox"/>	<input type="checkbox"/>
Vira Shield 5\s	<input type="checkbox"/>	<input type="checkbox"/>
Triangle 4	<input type="checkbox"/>	<input type="checkbox"/>
Frontier 4 Plus	<input type="checkbox"/>	<input type="checkbox"/>
Horizon 1 Vac 3	<input type="checkbox"/>	<input type="checkbox"/>

Triangle 4w\H	<input type="checkbox"/>	<input type="checkbox"/>
Pyramid 4	<input type="checkbox"/>	<input type="checkbox"/>
Elite®4\H.S.	<input type="checkbox"/>	<input type="checkbox"/>
Express ® 4	<input type="checkbox"/>	<input type="checkbox"/>
Express 5	<input type="checkbox"/>	<input type="checkbox"/>
Express 5\s	<input type="checkbox"/>	<input type="checkbox"/>
4-Once TM	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

INTERNASALS

TSV2	<input type="checkbox"/>	<input type="checkbox"/>
Nasalgen	<input type="checkbox"/>	<input type="checkbox"/>

PARASITE CONTROL

Date: _____ Type: Drench Brand: _____ Other: _____

Injectable On _____

Implants: Yes or No Date: _____

Type: Ralgro Compudose Other: _____

Synovex Revlor

B.V.

G.O.

WEANED: (Date) _____ Yes or No

(D.V.M. or Supplier) _____

(Signature) _____ E# _____