

Cattle Certification Passport

Producer Name:
 Ranch Name:
 Address:
 City, State, Zip:
 Phone:

BQA #:

Dehorned?	Y / N	Castrated?	Y / N
Bunk Broke?	Y / N	Brands & Location:	
Medicated Feed Additive?	Y / N	Product:	
Mineral Package?	Y / N	Product:	
No. of Steers:		Sire Breeds:	
No. of Heifers:		Dam Breeds:	
Date Weaned:		Hide Color:	

Treatment	Date	Product/Company	Product Lot #	Dose/Route (SQ/IM/IV)	Administrator
Clostridial					
Booster					
IBR/HVD/PI-3/BRSV					
Booster					
Pasteurella					
Booster					
H. Somnus					
Brucellosis					
Coccidiosis					
Internal parasites					
External parasites					
Implant					
Antibiotics					
Other					

To simplify record keeping, attach box tops of products to the form.
 I hereby certify this group of cattle have been processed as stated above.

Producer Signature: _____ Date: _____

Keep a copy for your records and pass a copy to the buyer and/or feed.