

Kansas Department of Agriculture Animal Health Division

1320 Research Park Dr., Manhattan, KS 66502

HERD OWNER LAST FIRST INITIAL	ANIMAL LOCATION	VACCINE USED	EXPIR. DATE
OWNER STREET ADDRESS	PHYSICAL ADDRESS/ LEGAL LOCATION DESCRIPTION	SERIAL NUMBER	VAC. TATTOO
CITY COUNTY STATE ZIP	CITY COUNTY STATE ZIP	DOSAGE <input type="checkbox"/> FULL <input type="checkbox"/> REDUCED	

APPROVED AGE TO VACCINATE: 4 thru 12 MONTHS

NO.	IDENTIFICATION NUMBER	AGE MO.(s)	BREED	SEX	REG. TATTOO
1					
2					
3					
4					
5					
6					
7					
8					

I certify that I have vaccinated with strain RB51, tattooed and recorded all information as prescribed by State Regulations, making this a true Calfhood Vaccination Record for the above owner.

SIGNATURE: _____

Veterinarian Name(Print): _____

Address: _____

Date _____ NAN. _____

CERTIFICATION OF OWNER OR WITNESS

I certify the identification and ages of animals listed on this chart to be correct.

Signature _____ Date _____

NO.	IDENTIFICATION NUMBER	AGE MO.(S)	BREED	SEX	REG. TATTOO
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					

CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS

Indicate tattoo of animals previously vaccinated in appropriate column
 I CERTIFY THAT I have personally examined the animal(s) noted hereon, and have read the official tattoo(s) and have retagged them as shown.

Signature _____