



PROCESSING/TREATMENT MAP

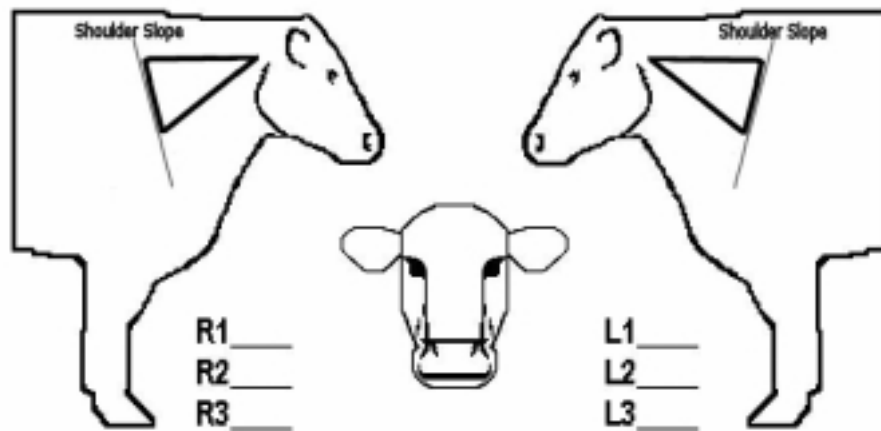
When possible select SQ products, and give all injections in the neck region.

DATE: _____ TIME: _____ No. of Head : _____ Date Weaned: _____

In Weight: (average/variation): _____ Breed: _____ Dehorned Y / N

Sex: S, H, Bulls, mixed Frame Size: S, M, ML, L Air Temperature: _____

ID: Right Ear or Left Ear/ Group Number: _____/Individual _____



Product	Lot or Serial #	Supplier	Route of Admin	Dose	Withdrawal Time (WD)	Crew Initials	Comments

*include implants, external or internal parasites in chart as well.

Owner Signature: _____ Date: _____

Veterinarians Signature: _____ Phone: _____



Cattle Health Product Record

Name of Product: _____

Date Received	Received by	Source	Quantity Received	Special ID	Comments
Total					



Treatment Record for Individual Cattle

Animal ID: _____ Home Group/Pen: _____ Color: _____

Date	Diagnosis	Temp	Severity (1-5)	Rx 1	WD 1	Rx 2	WD 2	Rx 3	WD 3	Comments

(Rx = medication name, WD = withdrawal time)



Mass Medication Pen Record

Group / Pen: _____

Diagnosis	Date	Severity	Rx 1	Comment	WD

Rx = medication name, WD = withdrawal time

Signatures: _____ **Date** _____

_____ **Date** _____

_____ **Date** _____

_____ **Date** _____

_____ **Date** _____

_____ **Date** _____



Mass Medication In Feed Group / Pen Record

Number Cattle _____ Approximate Wt/hd _____ Pen # _____

Approved by: _____ Date: _____

Date	Reason for Medication	Medication	Amount per ton	Amount per head	Total Used	WD
Total						



NC-BQA Shipping / Transfer Release Record

I have checked the **Health Maintenance, Feeding, and Treatment** records for **Group/ Pen/Lot** identification(s) or **individual animal identification** listed below. All the cattle have been managed to meet the recommendations and comply with all the requirements which apply to this operation in the North Carolina's Beef Quality Assurance program.

<u>Head</u>	<u>Group / Pens / Lot</u>	<u>Individual animal numbers</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____ Signature: _____

Manager and/or Owner _____

Name of Operation _____

Phone (Day and Evening) _____

Address _____

City/State/Zip _____



NC-BQA Supplier Agreement:

Supplier: _____

Address: _____

City/State/Zip: _____

Phone: _____

As a professional supplier of products and services to the beef industry, I will personally or through my agents assist the beef producer, their veterinarian, their nutritionist, and their other consulting professionals maintain quality control over the products and services we provide. This will include assisting the beef producer select products that fit the NC-BQA guidelines, record all serial / lot numbers for the products delivered, and assist in the development of a MSDS / product insert file. Services will also include advice on the proper inventory control, storage, special handling, precautions, use, and disposal of used containers and supplies.

Signed: _____ Date _____

Signed: _____ Date _____

Signed: _____ Date _____

Signed: _____ Date _____

Signed: _____ Date _____

Signed: _____ Date _____

Signed: _____ Date _____

Signed: _____ Date _____

Signed: _____ Date _____



NC-BQA Herd Health and Cattle Work Planning Calendar

Month	Management Practice/Task	Planned Date	Products needed	Approximate Cost
January				
February				
March				
April				
May				
June				

Month	Management Practice/Task	Planned Date	Products needed	Approximate Cost
July				
August				
September				
October				
November				
December				