EXHIBITOR NAME _____ YEAR _____ ***VACCINATION/TREATMENT RECORD***

(May be requested to provide per Wholesome Meat Act)

DATE	SPECIES/NAME OF ANIMAL/TAG NO	ISSUE OR TREATING FOR WHAT?	VACCINE OR TREATMENT	DRUG ADMINISTRATED (SQ, IM, ORAL, POUR ON)	LOCATION OR INJECTION SITE	DOSAGE AMOUNT	EXPIRATION DATE OR WITHDRAWAL PERIOD	SIGNATURE OF ADMINISTRATOR