

Cattle Processing Work Order

Date _____
 Head _____
 Description _____

 Brand _____
 Castration _____
 De-Horn _____

Implants _____
 Re-implants _____

	Dosage	Withdrawal Date	Location	Initials
Parasite Control				
Dipping				
Injectable				
Pour On				
Other				

Vaccines				
7/8 way Clostridials				
4 way Resp.: IBR, BVD, PI3, BRSV				

Antibiotics				

Other				
Vit ADE				

Processed By: _____

*** Please cross reference with Cattle Processing Map**

