



NATIONAL
**YOUTH
CATTLE
WORKING
CONTEST**

CATTLE PROCESSING PLAN

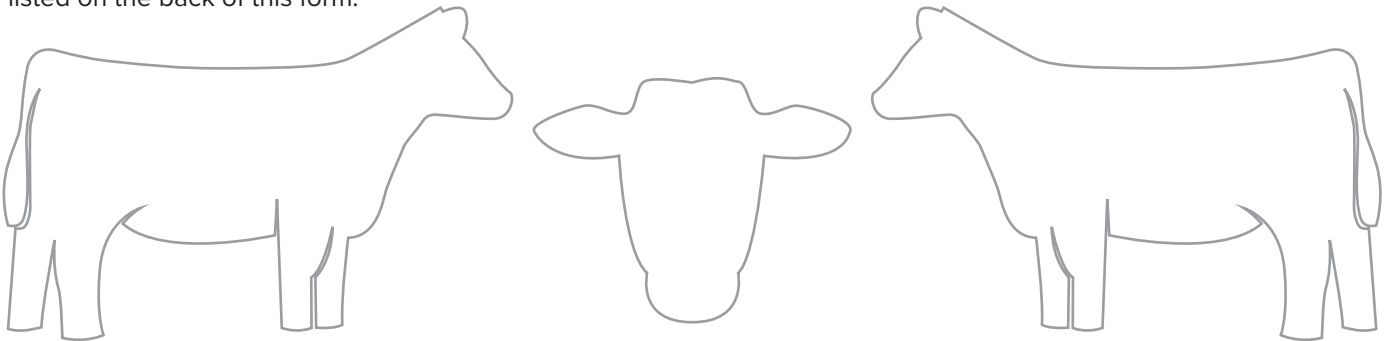
TEAM NAME

MEMBER 1

MEMBER 2

MEMBER 3

Administration Location Map: On the graphic below, indicate the point of administration for each product or procedure listed on the back of this form.



TYPE OF CATTLE

WEIGHT OF CATTLE

COMMENTS

Instructions: For each product administered list the information indicated in the table below. Use the product number to indicate the site of administration on the cattle graphic on page 1. Procedures not requiring product should also be listed in this table. Leave no cells blank. Abbreviations will be docked.

PRODUCT/PROCEDURE	TREATS AGAINST	TYPE	ROUTE	DOSE	SERIAL NO.	EXPIRATION	WITHDRAWAL
1		MLV	INTRAMUSCULAR				
		KILLED	SUBCUTANEOUS				
		COMBO	TOPICAL				
		N/A	INTRAMASAL				
			EAR TAG				
2			ORAL				
			EPIDERMIS				
		MLV	INTRAMUSCULAR				
		KILLED	SUBCUTANEOUS				
		COMBO	TOPICAL				
3		N/A	INTRAMASAL				
			EAR TAG				
			ORAL				
			EPIDERMIS				
		MLV	INTRAMUSCULAR				
4		KILLED	SUBCUTANEOUS				
		COMBO	TOPICAL				
		N/A	INTRAMASAL				
			EAR TAG				
			ORAL				
5			EPIDERMIS				
			INTRAMUSCULAR				
		MLV	SUBCUTANEOUS				
		KILLED	TOPICAL				
		COMBO	INTRAMASAL				
6		N/A	EAR TAG				
			ORAL				
			EPIDERMIS				
		MLV	INTRAMUSCULAR				
		KILLED	SUBCUTANEOUS				
7		COMBO	TOPICAL				
		N/A	INTRAMASAL				
			EAR TAG				
			ORAL				
			EPIDERMIS				