

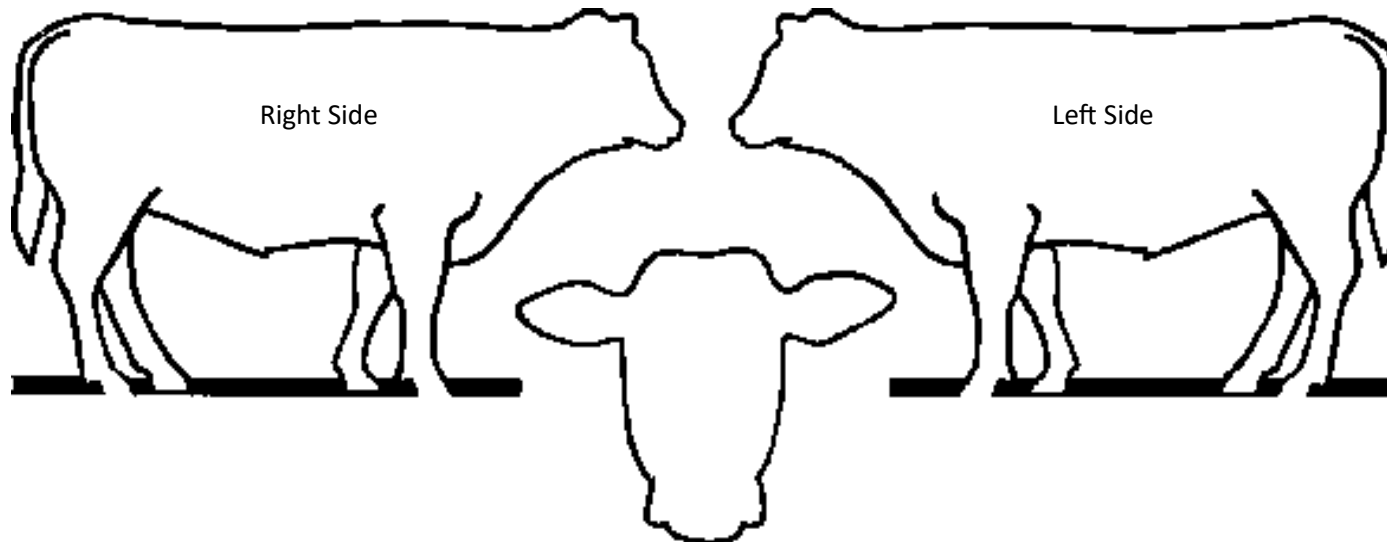


Team Name: \_\_\_\_\_

Team Number: \_\_\_\_\_

- Contestants:
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

**Instructions:** For each product or procedure, complete the table on the reverse side of this form. Then indicate the point of administration of each product or procedure on the graphic below. Use the product number (left hand column) to indicate the site of administration on the cattle graphic. Procedures not requiring product must also be listed in the table and on the graphic.



Date: \_\_\_\_\_

Weight: \_\_\_\_\_ (Provided)

Sex: \_\_\_\_\_

#	Product/Procedure	Serial/Lot #	Expiration	Content <sup>1</sup>	Product Type <sup>2</sup>	Route <sup>3</sup>	Dose	Withdrawal Period	Withdrawal Date
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

<sup>1</sup> Content: The diseases and/or conditions treated by the product such as IBR, BRSV, internal parasites, etc.

<sup>2</sup> Product Types: **MLV, Killed, Combo**

<sup>3</sup> Route of Administration: Intramuscular = **IM**; Subcutaneous = **SQ**; Topical = **T**; Intradermal = **ID**; Intranasal = **IN**; Ear Tag = **ET**; Oral = **O**