



# PROCESSING/TREATMENT MAP

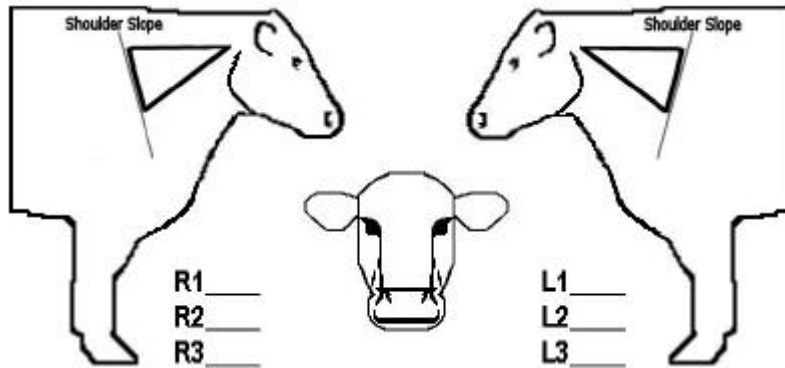
When possible select SQ products, and give all injections in the neck region.

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: \_\_\_\_\_











## 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
<b>Total</b>						



# 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 Nebraska Cattlemen'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 \_\_\_\_\_



## Premise Pesticide Use Record

Name of Product: \_\_\_\_\_

Rx = medication name, WD = withdrawal time.

Diagnosis	Date	Severity	Rx 1	Rx 2	Comments	WD

Signatures:

1. \_\_\_\_\_ Date \_\_\_\_\_

2. \_\_\_\_\_ Date \_\_\_\_\_

3. \_\_\_\_\_ Date \_\_\_\_\_

4. \_\_\_\_\_ Date \_\_\_\_\_

5. \_\_\_\_\_ Date \_\_\_\_\_

