

Date of Administration for All Products on Page 2: _____

Quality Assurance Record

Virginia Youth Cattle Working Contest

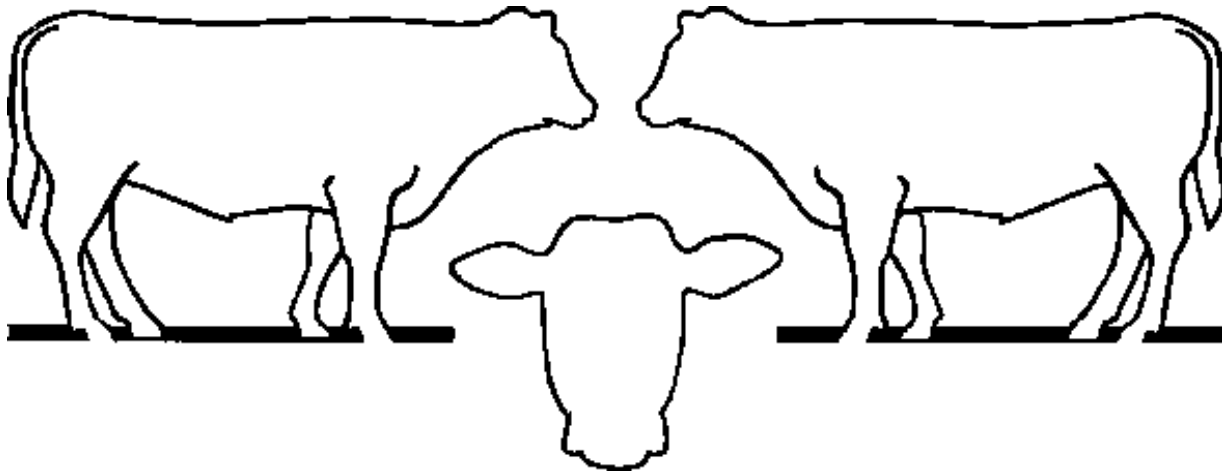
Team Name: _____

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.



Weight of cattle to be worked: _____

Comments (if any): _____



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.

	Product or Procedure	Content	MLV, Killed, Combo	Route (abbreviations listed below)	Dose	Serial #	Expiration	Withdrawal
1.								
2.								
3.								
4.								
5.								
6.								
7.								

Routes: IM = intramuscular, SQ = Subcutaneous, T = Topical, ID = Intradermal, IN = Intranasal, ET = Ear Tag, O = Oral