



Tennessee Beef Alliance Health Records

BQA # _____



Bull Breed _____ Bull Registration #: _____

United
Producers, Inc.

Date	Number of Head	Product	Serial Number Lot Number	Expiration Date	Company	Dose	SQ or IM	Initials of Producer

Comments : Include Wormer _____

NAME: _____

Email: _____

Date: _____

Phone: _____

Please return to: Susan Parks
 PO Box 42, Fayetteville, TN 37334
Fax: (931) 433-4124
Email: sparks@uproducers.com
 Phone: (931) 433-4962