



# Tennessee Hereford Marketing Program

## Herd Health Maintenance Records



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

Comments : Include Wormer \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Please return to: Susan Parks

PO Box 42, Fayetteville, TN 37334

**Fax: (931) 433-4124**

**Email: sparks@uproducers.com**

Phone: (931) 433-4962