



Tennessee Beef Alliance Health Records

BQA # _____



Bull Breed _____ Bull Registration #: _____



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: Kallie Faulkner
P.O. Box 748, Columbia, TN 38401
Fax: 931-223-8330
Email: kfaulkner@uproducers.com
Phone: 931-797-9806