



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