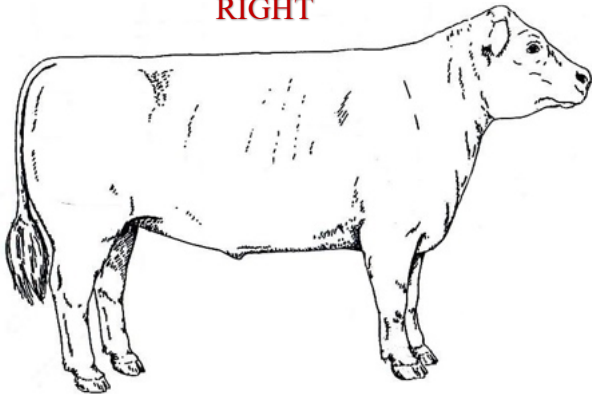


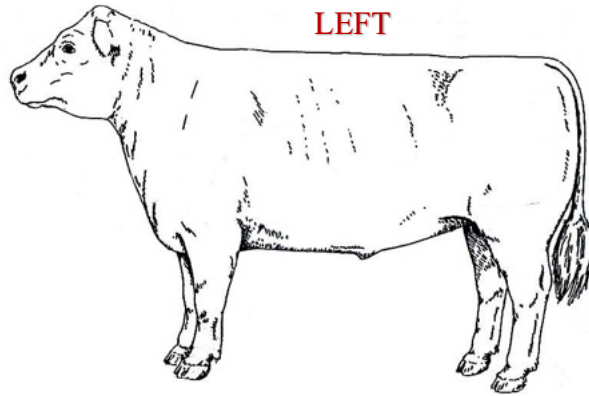
Quality Assurance Record / Cattle Processing Map

Top Hand Stockmanship & Stewardship Contest

RIGHT



LEFT



Location of Administration

For each product administered, list the information indicated in the table below. Use the product number assigned to the product from your table (1,2,3,4 etc.) to indicate site of administration on the drawing.

Team Name: _____

Estimated Weight: _____

	Product Information					Route/Dose		Withdrawal
	Product Name	Lot/Serial #	Expiration	Treatment For: <i>(list common name/use)</i>	MLV, Killed, Combo	Route	Dose	
1								
2								
3								
4								
5								

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

	LEFT EAR	RIGHT EAR
EID	<input type="checkbox"/>	<input type="checkbox"/>
TSU	<input type="checkbox"/>	<input type="checkbox"/>
VISUAL TAG	<input type="checkbox"/>	<input type="checkbox"/>

If needed, note any other procedures conducted: