Chariton Valley Beef
Calf Source Verification

Producer_____

Address_____

Phone_____

Veterinarian_____

Address_____

Phone_____

Number of Calves_____

Steers _____ Heifers _____

Identification

Are calves Green tagged? yes____ no_____

CVB tag numbers_____ - _____

___ Home raised ____Purchased (date_____)

Birth dates - From _____ to _____

Colors_____

Dam Breed mix_____

Sire Breeds_____
(attach any documentation)

Bull EPDs available yes_____ no_____

Calves identified by sire yes_____ no_____

Management

Weaning date_____

Contents of weaning ration_____

_____

Additives fed_____

Implants:

Sex	Date	Product
____	_____	_____
____	_____	_____
____	_____	_____
____	_____	_____

Health
(must meet green tag standard or better)
Attach copy of PC sheet of fill in below

	1st Date	2nd Date	Product
Clostridial (7-way)	_____	_____	_____
Haemophilus Somnus	_____	_____	_____
IBR	_____	_____	_____
PI-3	_____	_____	_____
BVD	_____	_____	_____
BRSV	_____	_____	_____
Other	_____	_____	_____

	Date	Product
Parasite Treatment	_____	_____

	Date	Method
	_____	_____
Castrated	_____	_____
Dehorned	_____	_____

Treatment history available? yes _____ no_____

Site injection map available? yes_____ no_____

Other
Sale dates preferred _____ to _____

Auction Barns _____

Check one

_____If my calves can be followed to harvest, I would like carcass data. I understand it will cost me about $4 to $6 per head.

_____I am not interested in collecting carcass data.

_____Call me before collecting carcass data for me.

Signature_____

Return to: CVB / Lucas county Extension / Rt 5 Box 91 / Chariton, IA 50049 Fax 515-774-8588 Phone 515-774-2016