



Tennessee Beef Alliance  
Health Records

BQA # \_\_\_\_\_

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

Comments : Include Wormer

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NAME: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Date: \_\_\_\_\_

Please return to: Diane Hildenbrandt  
 PO Box 313 Columbia, TN 38402  
**Fax: 931-840-8689**  
 Email: [dhildenbrandt@tbf.com](mailto:dhildenbrandt@tbf.com)