

BRD Guarantee Data Capture Form 2015

Clinic Information: Phone: Clinic Name: Clinic Address: Fax: Veterinarian: Email: **Producer Information:** Producer Name: Phone: **Operation Name:** Fax: Address: Email: **Cattle Information:** Total Feeder Cattle Type (calves, yearlings, etc.) Capacity: Arrival Protocol: 1st Pull Treatment Protocol: Health Information: Pen filled within 10 days Treat on arrival, pen guaranteed 30 days after latest arrival. Draxxin – PTI: # BRD 1st Pulls Number of Pen# Arrival Date Arrival Date Source (auction, ranch, etc) (up to 30 days) Finish Cattle Start **Producer Signature:** Date: Veterinarian Signature: Date: Trt. \$/hd # > 5%Total \$ **Zoetis Veterinary Service**