

# VIP Report

Producer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Producer Signature \_\_\_\_\_

\*\*Veterinarian Signature \_\_\_\_\_

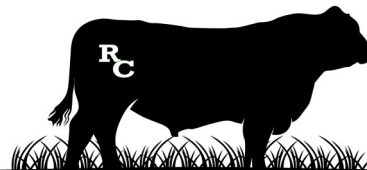
\*\*Age & Source Verified via EIN \_\_\_\_\_ \*\*VIP Plus \_\_\_\_\_

\*\*Beef Quality Assurance \_\_\_\_\_

*\*\*Special notation will be made in the sale catalog and at the time of the sale on Veterinarian Certified, BQA, Age and Source Verification, and VIP Plus.*

<b>Viruses</b> <i>Product Name</i>	<i>Month / Day / Year Given</i>
<b>Clostridial</b> <i>Product Name</i>	<i>Month / Day / Year Given</i>
<b>Implant</b> <i>Product Name</i>	<i>Month / Day / Year Given</i>
<b>Dewormer</b> <i>Product Name</i>	<i>Month / Day / Year Given</i>
<b>Castration</b> <i>Method</i>	<i>Month / Day / Year Given</i>
<b>Haemophilus</b> <i>Product Name</i>	<i>Month / Day / Year Given</i>
<b>Pasteurella</b> <i>Product Name</i>	<i>Month / Day / Year Given</i>
<b>Birth Date Range</b> <i>First Calf Born</i>	Last Calf Born
<b>Other</b>	<i>Month / Day / Year Given</i>
<b>Weaned</b>	<i>Month / Day / Year</i>

It's very important to list the product name of the vaccine or wormer and the date of the administration (not the age of the cattle).



## Rock Creek

**Livestock Market**

*Cattle, Hogs, Sheep, Goats*

3923 State Hwy 70  
Pine City, MN 55063

If you have any questions about VIP  
please call 320.629.1122  
[www.RockCreekLivestockMarket.com](http://www.RockCreekLivestockMarket.com)