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SECTION 12
APPENDIX

VBP+ PRODUCER
REFERENCE MANUAL



APPENDIX

To assist producers in keeping detailed, on-farm records that support best management practices for food safety and sustainability, VBP+ is able to provide a collection of VBP+ Record templates. These can be conveniently downloaded and printed for personal use.

- [SIMPLE SHIPPING RECORD](#)
- [TREATMENT RECORD - INDIVIDUAL](#)
- [TREATMENT RECORD - GROUP](#)
- [SUSPECT BROKEN NEEDLE RECORD](#)
- [TOXIN EXPOSURE RECORD](#)
- [TREATMENT ERROR RECORD](#)
- [SOLD/PURCHASED/DIED RECORD](#)
- [DEATH/EUTHANIZATION RECORD](#)
- [BEEF MEDICATIONS RECORD](#)
- [ANIMAL MOVEMENT RECORD](#)
- [HERBICIDE/PESTICIDE USE RECORD](#)
- [HERD HEALTH PROTOCOL TEMPLATE](#)
- [TRANSFER OF CARE TEMPLATE](#)
- [ANIMAL WITHDRAWAL RECORD](#)
- [MEDICATED FEED/WATER RECORD](#)
- [EMERGENCY CONTACT LIST](#)
- [VISITOR LOG RECORD](#)
- [EXTRA LABEL DRUG USE \(ELDU\) PRESCRIPTION](#)

 [DOWNLOAD ALL RECORDS](#)

 [SIMPLE SHIPPING RECORD](#)

 [TREATMENT RECORD - INDIVIDUAL](#)



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TREATMENT RECORD

PEN OR HERD ANIMAL HEALTH TREATMENTS

YEAR : _____

DATE : _____ GROUP OR PEN : _____ OTHER : _____

ANIMAL HEALTH PRODUCTS

| | | |
|-------------------|------------------|-------------------|
| VACCINATION : | DOSE AND ROUTE : | WITHDRAWAL TIME : |
| VACCINATION : | DOSE AND ROUTE : | WITHDRAWAL TIME : |
| PARASITICIDE : | DOSE AND ROUTE : | WITHDRAWAL TIME : |
| ANTIBIOTIC : | DOSE AND ROUTE : | WITHDRAWAL TIME : |
| PAIN MITIGATION : | DOSE AND ROUTE : | WITHDRAWAL TIME : |
| OTHER : | DOSE AND ROUTE : | DOSE AND ROUTE : |

OTHER PROCEDURES : CASTRATION DENOHRNING IMPLANT BRANDING OTHER :

SHIPPING W/D CHECK (DATE: 1/ _____ 2/ _____) COMMENTS: _____

| O P T I O N A L | | | | |
|-----------------|-----------|-----------|-----------|-----------|
| ANIMAL ID | ANIMAL ID | ANIMAL ID | ANIMAL ID | ANIMAL ID |
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NC = subcutaneous (under skin) IM = intramuscular O = oral Top = topical IV = intravenous IN = intranasal WD = Withdrawal Date
1 ml = 1 cc Conduct visual check of needles after each injection.

↓ TREATMENT RECORD - GROUP



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TOXIN EXPOSURE RECORD

INDIVIDUAL OR GROUP

YEAR : _____

DATE : _____ GROUP OR PEN : _____ OTHER : _____

TYPE OF EXPOSURE

PRODUCT NAME: _____

DOSE/ROUTE: _____

| O P T I O N A L | | | |
|-----------------|-----------|-----------|-----------|
| ANIMAL ID | ANIMAL ID | ANIMAL ID | ANIMAL ID |
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VETERINARIAN CONTACT: _____


ACTIONS / TREATMENTS TAKEN

VETERINARIAN CALCULATED WITHDRAWAL DATE: _____

COMMENTS: _____

EXAMPLES:
EXPOSURE MODE: Ingested, Inhalation, Spray, Wet skin Contact EXPOSURE TYPE: Herbicide, Pesticide, Petro-chemical, Anti-freeze

↓ TOXIN EXPOSURE RECORD



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BROKEN NEEDLE RECORD

FARM NAME OR OWNER: _____

DATE OF INJECTION : _____ ANIMAL IDENTIFICATION : _____

PRODUCT USED : _____ WITHDRAWAL CHECK AT SHIPPING : _____

DESCRIBE HOW ANIMAL IS PERMANENTLY IDENTIFIED : _____

DISPOSAL OF ANIMAL DATE : _____

SOLD TO SLAUGHTER PLANT SLAUGHTERED FOR OWN USE DIED ON THE FARM

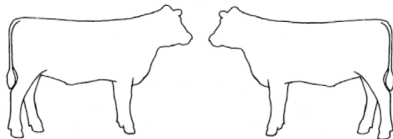
OTHER : _____

DATE INFORMATION SUPPLIED TO NEXT OWNER / BUYER : _____

WHO WAS CONTACTED : _____ PERSON SUPPLYING INFORMATION : _____

INFORMATION SUPPLIED BY (CHECK ONE OR MORE) PHONE FAX OTHER : _____

LOCATION OF BROKEN NEEDLE FRAGMENT
(PLEASE MARK WITH AN 'X')



↓ SUSPECT BROKEN NEEDLE RECORD



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TREATMENT ERROR RECORD

INDIVIDUAL OR GROUP

YEAR : _____

DATE : _____ GROUP OR PEN : _____ OTHER : _____

TYPE OF TREATMENT ERROR

PRODUCT NAME: _____

DOSE/ROUTE: _____

| O P T I O N A L | | | |
|-----------------|-----------|-----------|-----------|
| ANIMAL ID | ANIMAL ID | ANIMAL ID | ANIMAL ID |
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VETERINARIAN CONTACT: _____

ACTIONS / TREATMENTS TAKEN

VETERINARIAN CALCULATED WITHDRAWAL DATE: _____

COMMENTS: _____

EXAMPLES:
EXPOSURE MODE: Ingested, Inhalation, Spray, Wet skin Contact EXPOSURE TYPE: Herbicide, Pesticide, Petro-chemical, Anti-freeze

↓ TREATMENT ERROR RECORD



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SOLD/PURCHASED/DIED RECORD

YEAR : _____ PREMISE ID : _____

| IDENTIFICATION INFORMATION INDIVIDUAL OR PEN/GROUP | | | | INCOMING/DISPOSAL INFORMATION <input type="checkbox"/> CHECK AS APPLICABLE | | | CHECK THAT RECORD REVIEW IS COMPLETED | | | OTHER INFORMATION | |
|---|--------------------------|--------|----------------|---|------------------|----------------------------------|--|--|------------------------------|-------------------|--|
| DATE(S) | ANIMAL ID AT EQIA NO. | PEN ID | NO. OF HEAD | PURCHASED DIED OR SOLD | EUTH. SHIPPED | WITHDRAWAL CHECK COMPLETED | BROKEN NEEDLE RECORD CHECK COMPLETED | FIT FOR TRANSPORT EVALUATION COMPLETED | PURCHASED FROM OR SOLD TO | COMMENTS | |
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* Dead/Euthanized - withdrawal check not necessary

SOLD/PURCHASED/DIED RECORD

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BEEF MEDICATION PRODUCT LIST

YEAR : _____

| PRODUCT | APPROVAL ROUTE(S) | WITHDRAWAL TIME | DOSE/AGE OR VET PRESCRIPTION DIRECTIONS (as applicable) | STORAGE REQUIREMENTS | EXPIRY DATE |
|---------|----------------------|--------------------|--|----------------------|-------------|
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BEEF MEDICATIONS RECORD

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DEATH/EUTHANIZATION RECORD

YEAR : _____ PREMISE ID : _____

RANCH / PRODUCER NAME: _____

| DATE(S) | ANIMAL ID HERO ID | LOCATION of animal when death occurred | DIED (Not Euth) <input type="checkbox"/> | EUTH <input type="checkbox"/> | EUTHANIZATION METHOD and performed by | Post-Mortem (Y/N) | CAUSE OF DEATH (if known) and COMMENTS | CARCASS DISPOSAL METHOD |
|---------|----------------------|--|--|----------------------------------|---|----------------------|--|----------------------------|
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DEATH/EUTHANIZATION RECORD

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**ANIMAL (CATTLE)
MOVEMENT RECORD**

| DATE | INDIVIDUAL OR GROUP ID | NUMBER OF HEAD | REASON FOR MOVEMENT | PREMISE ID | COMMENTS |
|------|---------------------------|-------------------|---------------------|------------|----------|
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This record template can be used to record all movements of cattle into, out of, and between production areas (pastures, pens, cattle shows, vet clinics)

ANIMAL MOVEMENT RECORD



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RECORD OF HERBICIDE OR PESTICIDE USE ON PASTURE OR HARVESTED FEED
YEAR: _____

| DATE(S) | FIELD IDENTIFICATION OR LOCATION | PRODUCT USED | RATE | ACREAGE | "SAFE TO HARVEST" / "SAFE" TIME PERIOD | WITHDRAWAL PERIOD / COMMENTS |
|---------|----------------------------------|--------------|------|---------|--|------------------------------|
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Record required for lands owned or under control of the beef cattle operation for the current year. If no herbicide or pesticide used, indicate N/A for the current year.

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TRANSFER OF CARE

TRANSFER OF CARE DOCUMENT



ARRIVAL DATE: _____
ARRIVAL TIME: _____
ARRIVAL LOCATION: _____
CONDITION ON ARRIVAL: _____
LAST FED DATE: _____ TIME: _____ LOCATION: _____
LAST WATERED DATE: _____ TIME: _____ LOCATION: _____
LAST RESTED DATE: _____ TIME: _____ LOCATION: _____

Transfer of Care:
Animals in transit must be under the care of a designated person responsible for their well-being and welfare. No animal can be left at an auction mart, packing plant or other assembly centre without written documentation of transfer of care. It is critical that animals are not left without confirming onsite that someone will be providing and responsible for care.

If livestock manifests are used in your province, these documents often have existing information that can be used to prove transfer of care. If livestock manifests are not used in your province, a simple form with the following information can be used.

To ensure continuity of care, no animal is to be left at any slaughter facility, or assembly centre without written notice that care has been transferred between the transporter and the receiver. This is done to ensure that the individual responsible for caring for the animals can be easily determined at all times.

COMMENTS
(Number, Type or Animal, Sex of Stock etc and Animal Welfare concerns)

OWNER / TRANSPORTER: _____
RECEIVER: _____



↓ HERBICIDE/PESTICIDE USE RECORD

↓ TRANSFER OF CARE TEMPLATE

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HERD HEALTH PROTOCOL TEMPLATE
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HERD HEALTH PROTOCOL TEMPLATE
(Page 1 of 2)

A **Herd Health Protocol** is a document developed through collaboration between a producer and veterinarian within an established Vet-Client-Animal Relationship (VCAR). A protocol is used to determine an anticipated medical need for a prescription or Extra-Label Drug Use (ELDU), but can not be used in place of a prescription for the purpose of purchasing animal health products.

DATES PROTOCOL IS VALID FOR: _____

OPERATION INFORMATION
(If not used, contact info, operation type/location, class of cattle, caring period):

VETERINARY CLINIC INFORMATION: _____

VETERINARIAN SIGNATURE: _____

ANNUAL VACCINATION PROTOCOL

| CLASS OF CATTLE (ex. mature cattle and calves) | VACCINATION FOR | PRODUCT | ANTICIPATED TIME FRAME (ex. spring processing) |
|---|-----------------|---------|---|
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ANIMAL ON WITHDRAWAL RECORD TRANSFER

DATE OF SALE / TRANSFER TO: _____
SALE / TRANSFER TO: _____

This document is intended for LOW RISK cattle (calves, bred heifers, etc.) through direct sale.

OPERATION NAME: _____

VBP+ CERTIFICATION: _____

The animal(s) listed below are still under a withdrawal and will be cleared of withdrawal on: _____

ADDITIONAL COMMENTS: _____

"Please remember NOT to ship cull or finished cattle directly to slaughter that are still under a withdrawal period"
"DO NOT ship animals with a known broken needle record"

| ANIMAL ID | ANIMAL ID | ANIMAL ID | ANIMAL ID |
|-----------|-----------|-----------|-----------|
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Signature on behalf of Beef Cattle Operations: _____ Date: _____

↓ HERD HEALTH PROTOCOL TEMPLATE

↓ ANIMAL WITHDRAWAL RECORD TRANSFER



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**MEDICATED FEED/
MEDICATED WATER RECORD**

YEAR: _____

| DATE | GROUP OR PEN | MEDICATED INGREDIENT | NO. OF HEAD PER PEN OR GROUP | TOTAL AMOUNT FED TO GROUP | WITHDRAWAL TIME | COMMENTS (if water) |
|------|--------------|----------------------|------------------------------|---------------------------|-----------------|---------------------|
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This applies to medicated ingredients with a specified withdrawal time period. Note a mixing record is required too. It is recommended, however, that the feeding of medications with a zero withdrawal time is recorded.

MEDICATED FEED/WATER RECORD

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EMERGENCY CONTACT LIST

PRIMARY / SECONDARY ON-FARM CONTACTS

FARM NAME: _____ PID: _____

IN CASE OF EMERGENCY

PRIMARY CONTACT:
FARM NAME: _____
LAND PHONE: _____ CELL PHONE: _____
LEGAL LAND LOCATION: _____
MUNICIPALITY (if available): _____ BIT ADDRESS: _____
DIRECTIONS TO THIS LOCATION: _____

SECONDARY CONTACT:
LAND PHONE: _____ CELL PHONE: _____
LAND PHONE: _____ CELL PHONE: _____

OFF SITE CONTACT:
LAND PHONE: _____ CELL PHONE: _____

NOTES: _____

EMERGENCY CONTACT LIST

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VISITOR LOG

YEAR: _____ PREMISE ID: _____
RANCH / PRODUCER NAME: _____

FOR BIOSECURITY PURPOSES, ALL VISITOR ENTRIES ARE RECORDED.
Entry is recorded at the earliest point of entering the operation.
Visitors include all people entering with permission.
e.g. service providers and professionals, school tours, international visitors, etc.
Excludes personnel (owner/operators, staff, and family, etc.)

| DATE | NAME | COMPANY | CONTACT NUMBER | LICENSE PLATE NO. | COMMENTS | PREVIOUS LIVESTOCK/ FARM CONTACT (Y/N) | ENTERED PRODUCTION AREA (Y/N) | ANIMAL CONTACT (Y/N) |
|------|------|---------|----------------|-------------------|----------|---|-------------------------------|----------------------|
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VISITOR LOG RECORD

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EXTRA LABEL DRUG USE (ELDU) PRESCRIPTION

VETERINARY CLINIC: _____
ADDRESS: _____
PHONE: _____

DATE
Date of Prescription: _____

OWNER
Operator(s)/Producer Name(s): _____

ANIMAL(S)
Number of Animals Prescription Covers: _____

DRUG
Product Name: _____

AMOUNT/QUANTITY
Amount of product prescribed for the intended application to treat: _____

DIRECTIONS
Including reason for treatment or diagnosis, Dosage and Route: _____

WITHDRAWAL

PRECAUTIONS/WARNINGS

REFILLS

VETERINARY SIGNATURE: _____ VETERINARY NAME: _____

EXTRA LABEL DRUG USE (ELDU) PRESCRIPTION