



Livestock Vaccination Records Checklist

 Show only Checklist

Display Style
Default 

Animal Identification

Records must clearly identify the animal(s) being vaccinated.

Animal ID/Tag Number

Enter a number...

Species

- ☐ Cattle
- ☐ Swine
- ☐ Poultry
- ☐ Sheep
- ☐ Goats
- ☐ Equine
- ☐ Other



Breed (if applicable)

Date of Birth/Acquisition

Enter date...

Unique Identifying Marks/Description (Optional)

Write something...

Vaccine Details

Comprehensive information about the vaccines administered.

Vaccine Brand/Manufacturer

- ☐ Brand A
- ☐ Brand B
- ☐ Brand C
- ☐ Other (Specify)

Vaccine Product Name

Write something...

Vaccine Batch Number

Enter a number...

Vaccine Expiration Date

Enter date...

Vaccine Description/Notes (if any)

Write something...

Vaccine Type

- ☐ Live
- ☐ Inactivated
- ☐ Recombinant

Administration Details

Details surrounding how and when the vaccination was administered.

Vaccination Date

Enter date...

Vaccination Time

Enter time...

Route of Administration

- ☐ Intramuscular (IM)
- ☐ Subcutaneous (SC)
- ☐ Oral
- ☐ Nasal
- ☐ Other (Specify)

Administration Site (e.g., left hind leg)

Write something...

Dosage (in mL or units)

Enter a number...

Lot/Batch Number (of Vaccine)

Write something...

Administered By (Role)

- ☐ Veterinarian
- ☐ Certified Technician
- ☐ Farm Manager
- ☐ Other (Specify)

Administered By (Name/Signature)

Write something...

Record Keeping & Storage

Guidelines for proper storage and accessibility of vaccination records.

Date Record Created

Enter date...

Number of Records Stored (Physical)

Enter a number...

Record Storage Location Description (Physical)

Write something...

Storage Medium (Digital or Physical)

☐ Digital

☐ Physical

Digital File Size (if applicable, in MB)

Enter a number...

Last Record Storage Review Date

Enter date...

Notes on Record Storage Security (e.g., password protection)

Write something...

Legal & Regulatory Compliance

Ensuring compliance with relevant laws, regulations, and best practices.

Applicable State Vaccination Laws?

- ☐ Yes, documented
- ☐ Yes, but needs documentation
- ☐ No, not applicable

Federal Regulations Compliant?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Last Regulatory Compliance Review Date

Enter date...

Notes on Regulatory Changes

Write something...

Copies of Permits/Licenses

 Upload File

Number of recent Regulatory Fines (if any)

Enter a number...

Description of corrective actions taken (if applicable)

Write something...