

# 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...