



Decatur Veterinary Hospital  
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Dr. C.A. Anspach

**VFD Client Form**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Farm Information:**

Farm Name: \_\_\_\_\_ Premise ID: \_\_\_\_\_

Farm Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Feed Mill Information:**

Feed Mill Name: \_\_\_\_\_

Feed Mill Address: \_\_\_\_\_

Feed Mill Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Calves                      Medication                      Duration                      Weight Range                      Number in Group**

Group 1: \_\_\_\_\_

Group 2: \_\_\_\_\_

Group 3: \_\_\_\_\_

Group 4: \_\_\_\_\_

Group 5: \_\_\_\_\_

**Feeders**                      **Medication**                      **Duration**                      **Weight Range**                      **Number in Group**

Group 1: \_\_\_\_\_

Group 2: \_\_\_\_\_

Group 3: \_\_\_\_\_

Group 4: \_\_\_\_\_

Group 5: \_\_\_\_\_

**Lactation**                      **Medication**                      **Duration**                      **Weight Range**                      **Number in Group**

Group 1: \_\_\_\_\_

Group 2: \_\_\_\_\_

Group 3: \_\_\_\_\_

Group 4: \_\_\_\_\_

Group 5: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Veterinarian Signature: \_\_\_\_\_