

Calves must be at least 4 months of age at the time of preconditioning vaccination.

2. Vaccination History:

Modified Live Vaccine:	Date: _____	IBR	<input type="checkbox"/>	PI ₃	<input type="checkbox"/>	BVD	<input type="checkbox"/>	BRSV	<input type="checkbox"/>
Trade Name: _____		Lot/Serial Number: _____							
Killed Vaccine:	Date: _____	IBR	<input type="checkbox"/>	PI ₃	<input type="checkbox"/>	BVD	<input type="checkbox"/>	BRSV	<input type="checkbox"/>
Killed Vaccine Booster:	Date: _____	IBR	<input type="checkbox"/>	PI ₃	<input type="checkbox"/>	BVD	<input type="checkbox"/>	BRSV	<input type="checkbox"/>
Trade Name: _____		Lot/Serial Number: _____							
<i>Histophilus somni</i>	Date Vaccinated: _____	Booster Date: _____							
Trade Name: _____		Lot/Serial Number: _____							
7 or 8 way <i>Clostridial</i> Vaccine		Date Vaccinated: _____							
Trade Name: _____		Lot/Serial Number: _____							
<i>Mannheimia haemolytica (Pasturella)</i>		Date Vaccinated: _____							
Trade Name: _____		Lot/Serial Number: _____							

3. Treatment History

Treatment	Product	Date Administered
<i>Internal and External Parasites</i>		
Vitamin AD		
Other treatments		

Owners Certification:

I certify that the calves have received the treatments indicated and were weaned at least 21 days prior to sale date.

(Owner's Name, please print)

(Owner's signature)

Veterinary Certification:

I certify the *owner* has purchased the products as indicated and to the best of my knowledge, this is an accurate statement of the procedures performed on these calves. This certificate is not a guarantee of future health or performance of the cattle identified and sold under this program.

Certified by: _____
(Veterinarian)