ADAMS COUNTY FEEDER CALF PRECONDITIONED FOR HEALTH DOCUMENTATION

Please complete and submit on May 12 for all feeder calves that have been vaccinated prior to tag-in.
Do NOT submit for calves being vaccinated on site by Dr. Stanfield.

Exhibitor’s Name: ______________________________________________________________________
Mailing Address: ______________________________________________________________________
City: ______________________________________ State: _____ Zip: _____________________________
Home Phone: ___________________________ Cell Phone: ________________________________

Feeder Calf 1 - Tag Number: ___________ Check one: Beef Heifer: ____  Beef Steer: ____  Dairy Steer: ____

Required Vaccinations:
A. Four Way Virus Vaccine for IBR-BVD-P13-BRSV (Killed or Modified Live)

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B. Pasteurella Vaccine

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C. Clostridial 7 Way

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D. Deworm

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PLEASE COMPLETE BOTH SIDES OF FORM. SIGNATURES REQUIRED!
Feeder Calf 2 - Tag Number: ____________ Check one: Beef Heifer: ____  Beef Steer: ____ Dairy Steer: ____

**Required Vaccinations:**

### A. Four Way Virus Vaccine for IBR-BVD-P13-BRSV (Killed or Modified Live)

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I certify that the above calf or calves have been preconditioned as recorded to the best of my ability and knowledge, and that the above information is true and accurate.

**Signature of Exhibitor:**

_________________________________________________________________________ Date: ___/___/___

**Signature of Parent/Guardian (if exhibitor is under 18):**

_________________________________________________________________________ Date: ___/___/___