

ADAMS COUNTY FEEDER CALF PRECONDITIONED FOR HEALTH DOCUMENTATION

Please complete and submit on May 1 for all feeder calves.

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)

Initial Shot		Booster	
Product Name		Product Name	
Lot/Serial #		Lot/Serial #	
Expiration Date		Expiration Date	
Date Administered		Date Administered	
Administered By		Administered By	

B. Pasteurella Vaccine

Initial Shot	
Product Name	
Lot/Serial #	
Expiration Date	
Date Administered	
Administered By	

C. Clostridial 7 Way

Initial Shot		Booster	
Product Name		Product Name	
Lot/Serial #		Lot/Serial #	
Expiration Date		Expiration Date	
Date Administered		Date Administered	
Administered By		Administered By	

D. Deworm

Product Name	
Lot/Serial #	
Expiration Date	
Date Administered	
Administered By	

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)

Initial Shot		Booster	
Product Name		Product Name	
Lot/Serial #		Lot/Serial #	
Expiration Date		Expiration Date	
Date Administered		Date Administered	
Administered By		Administered By	

B. Pasteurella Vaccine

Initial Shot	
Product Name	
Lot/Serial #	
Expiration Date	
Date Administered	
Administered By	

C. Clostridial 7 Way

Initial Shot		Booster	
Product Name		Product Name	
Lot/Serial #		Lot/Serial #	
Expiration Date		Expiration Date	
Date Administered		Date Administered	
Administered By		Administered By	

D. Deworm

Product Name	
Lot/Serial #	
Expiration Date	
Date Administered	
Administered By	

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: ____/____/____