

**ADAMS COUNTY FEEDER CALF PRECONDITIONED FOR HEALTH DOCUMENTATION**

**Please complete and submit on May 7 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)**

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

**B. Pasteurella Vaccine**

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

**C. Clostridial 7 Way**

<b>Initial Shot</b>		<b>Booster</b>	
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: \_\_\_\_/\_\_\_\_/\_\_\_\_