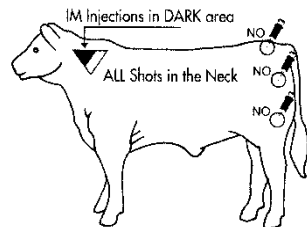




Certificate of Vaccination

WVQA Feeder Cattle Marketing Program

This certificate must submitted with grade and identification records.



Herd Owner: _____

Address: _____

Phone: _____ Email: _____

Weaning Date: _____ Castration Date and Method: _____

NOTE: *The following required vaccinations must be administered under BQA guidelines as outlined in the WV Quality Assurance Comprehensive Herd Health Program. When possible, select products administered subcutaneously.*

Vaccination	Date Administered	Product Used	Lot or Serial #
IBR, BVD, PI3, BRSV (MLV only—Lepto 5 Combo Optional)	Pre-weaning:		
	Weaning:		
7/8-Way Clostridial	Pre-weaning:		
	Weaning:		
Pasteurella	Pre-weaning:		
	Weaning:		
Parasite Control (Internal and External)	Pre-Weaning:		
H. Somnus (Optional)			
<i>Please maintain detailed records of all other treatments and health management procedures on the provided forms.</i>			

In accordance with the WV Quality Assurance Comprehensive Herd Health Program and program rules, I have...

- A) administered the appropriate annual vaccinations to cows prior to breeding. Yes No
- B) administered the appropriate spring vaccinations to calves. Yes No

I hereby certify that all calves enrolled under my ownership have been administered the required vaccinations according to BQA guidelines on the date(s) indicated above.

Signature of Owner: _____ Date: _____