

West Plains Value Added Sale

Vaccination Program

All medications shall be administered in the neck, subcutaneously (SQ) when so labeled

<p><u>1st Round Viral (Pre-wean)</u> IBR, BVD, PI3, BSVR, (modified live or killed virus)</p> <p>Product _____ Date Given _____</p> <p>Serial No. _____</p> <p><u>2nd Round Viral (Post-wean)</u> IBR, BVD, PI3, BSVR, (modified live virus)</p> <p>Product _____ Date Given _____</p> <p>Serial No. _____</p> <p><u>1st Round Clostridials (Pre-wean)</u></p> <p>Product _____ Date Given _____</p> <p>Serial No. _____</p> <p><u>2nd Round Clostridials (Post-wean)</u></p> <p>Product _____ Date Given _____</p> <p>Serial No. _____</p> <p><u>1st Round <i>Haemophilus somnus</i> (Pre-wean)</u></p> <p>Product _____ Date Given _____</p> <p>Serial No. _____</p> <p><u>2nd Round <i>Haemophilus somnus</i> (Post-wean)</u></p> <p>Product _____ Date Given _____</p> <p>Serial No. _____</p> <p>Optional</p> <p><i>Pink Eye</i></p> <p>Product _____ Date Given _____</p> <p>Serial No. _____</p> <p><i>Implants</i> (Pre-wean)</p> <p>Product _____ Date Given _____</p> <p>Serial No. _____</p> <p>(Post-wean)</p> <p>Product _____ Date Given _____</p> <p>Serial No. _____</p>	<p><u>Pasturella</u> (1 required, 2 recommended)</p> <p>Product _____ Date(s) Given _____</p> <p style="text-align: right;">Given _____</p> <p>Serial No.(s) _____</p> <hr style="border: 1px solid red;"/> <p><u>Dewormer</u> (injection)</p> <p>Product _____ Date Given _____</p> <p>Serial No. _____</p> <p>(pour-on)</p> <p>Product _____ Date Given _____</p> <p>Serial No. _____</p> <hr style="border: 1px solid red;"/> <p><u>Other (Check applicable)</u></p> <p><i>Castration</i> Knife _____ Band _____ Other (explain) _____</p> <p><i>Horns</i> Polled _____ Dehorned _____</p> <hr style="border: 1px solid red;"/> <p><u>Tag numbers - & color (required)</u></p> <p>_____</p> <p>_____</p>
<p>I hereby certify the above listed procedures have been implemented to West Plains Value Added Sale Special standards. This information is true and correct and I acknowledge proof of compliance may be required. I agree to defend, indemnify and hold West Plains Value Added Sale harmless from any and all claims asserted against West Plains Value Added Sale by third parties resulting from my actions or distribution of sale proceeds. I understand West Plains Value Added Sale makes no express or implied warranties and/or guarantees regarding care, feeding, marketing or placement of my livestock.</p> <p>Producer _____ Date _____</p>	

Nutritional Requirements

Cattle must be bunk broke and weaned for 45 days.

Amount of feed fed at weaning and type _____ lbs. _____ type of mix

Amount of feed fed during back grounding and type _____ lbs. _____ type of mix

Other Nutrition Information _____

Weaning and Processing Requirements

For source verified, calves must be weaned on farm at the farm of origin for a minimum 45 days and vaccinated twice.

For purchased calves, calves must be vaccinated twice and retained at least 60 days.

Option 1 (preferred option)

First dose 2-4 weeks prior to weaning

Second dose at weaning

Option 2

First dose at weaning

Second dose 2-3 weeks after weaning

Note 1: *Calves must receive their second dose at least 7 days before movement to sale.*

Note 2: *Animal health purchased animal health supplies must be documented.*

Note 3: *All vaccinations and treatments will comply with either label directions or as prescribed by a veterinarian with a valid Veterinarian/Client/Patient relationship.*

Health Program Requirements

- 7-way blackleg—two doses
- Haemophilus somnus—two doses
- IBR, BVD, PI3. BRSV—two doses (*second dose must be a modified live IBR, BVD, PI3*)
- Pasteurella hemolytica-one dose (*given preferably with the first round of vaccinations*)
- Dewormed and treated for external parasites
- Implanted (*optional - must record product and date if used*)
- All calves must be polled or dehorned completely
- Castrated with a knife (preferred) or verified to be a steer
- Heifers guaranteed to be open day of sale only
- Must have copy of sales receipt for vaccine

Reporting Requirements:

The following **completed** forms are required to be on file with University of Missouri Extension Howell County in order to sale in the West Plains Value Added Sale.

1. Copy of sales receipt for vaccine
2. Vaccination Program form
3. This sheet
4. Nutrition History
5. Calves must be tagged and tags recorded on this form

I have read and understand all of the requirements outline above _____

(producer must sign)