

# CLARE COUNTY LIVESTOCK AUCTION

## RECORDED VACCINATION & PRE-CONDITIONING PROGRAM FORM

2018 Spring Feeder Sale Dates: January 25<sup>th</sup> March 15<sup>th</sup>, April 12<sup>th</sup>, May 3<sup>rd</sup>

2018 Fall Feeder Sale Dates: September 6<sup>th</sup>, October 4<sup>th</sup>, November 1<sup>st</sup>, December 6<sup>th</sup>

Consigner Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Cattle Description:  Feeder Cattle  Breeding Stock

Number of Head: \_\_\_\_\_

### Viral Vaccination for IBR, BVD Type I and II, BRSV

Brand Name: \_\_\_\_\_ Date Given: \_\_\_\_\_  Given Pre-Weaning

Serial#: \_\_\_\_\_ Booster Date: \_\_\_\_\_

### Clostridial 7-Way Vaccination

Brand Name: \_\_\_\_\_ Date Given: \_\_\_\_\_  Given Pre-Weaning

Serial#: \_\_\_\_\_ Booster Date: \_\_\_\_\_

### **Other Vaccination Given/Other Herd Health Notes: (please list date administered)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pasturella Vacc: Brand: \_\_\_\_\_ Date: \_\_\_\_\_

Hemophilus Somnus Vacc: Brand: \_\_\_\_\_ Date: \_\_\_\_\_

DeWormed/DeLoused: Brand: \_\_\_\_\_ Date: \_\_\_\_\_

Castration: Banded  Knife Cut  Clamped  Given Tetanus: Yes \_\_\_\_\_ or No \_\_\_\_\_ Dehorned  or Polled

Calf Weaning Date: \_\_\_\_\_ or Yearlings

Implanted  with \_\_\_\_\_ Date: \_\_\_\_\_

### NUTRITION PROGRAM:

Hay  Haylage  CornSilage  Ground Corn  Shell Corn & Pellet Prgm   
Pasture  Minerals  Trace Minerals  \_\_\_\_\_% Protein Tub

I certify that the above information is accurate:

- Vet Certificate Provided
- Vaccine sold by Vet Office
- Vet administered Vaccine

\_\_\_\_\_  
*Consignor Signature*

\_\_\_\_\_  
*Date*