

# **CLARE COUNTY LIVESTOCK AUCTION**

## **RECORDED VACCINATION & PRE-CONDITIONING PROGRAM FORM**

2024 Spring Feeder Sale Dates: January 18<sup>th</sup>, March 7<sup>th</sup>, April 4<sup>th</sup> and May 2<sup>nd</sup>  
2024 Fall Feeder Sale Dates: September 5<sup>th</sup>, October 3<sup>rd</sup>, November 7<sup>th</sup>, December 5<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*