



**BADGER VAC 45 Feeder Calf Program
Certification Form**

Sale Date and Location

Contacts:

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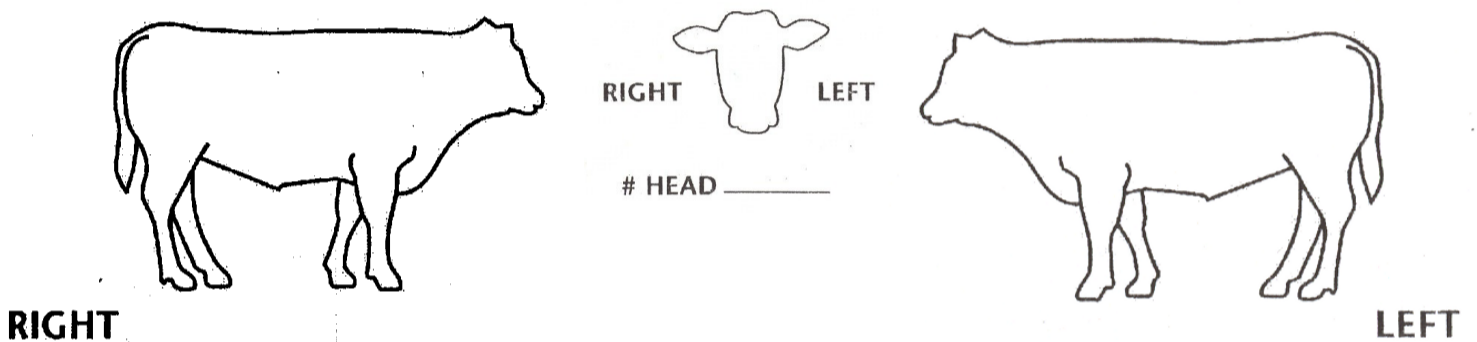
Jeff Swenson, State Coordinator 608-224-5082

Check Payable to:			Contact Person:	
Address:			Phone number:	County:
			Cell number:	
City:	State:	Zip	Email:	
WI BQA number (required)			Head Count:	
Premise ID # (required)			BADGER VAC Tag numbers:	

I. Ownership Status

<input type="checkbox"/>	Home raised	Weaning Date:
<input type="checkbox"/>	Owned minimum of 60 days prior to sale	Weaning Date if during your ownership:

Processing Map: follow instructions given by the vaccine records below for use of this map



II. Required Vaccinations: (All vaccines must be given no more than 90 days before the sale and boosted modified live at least 21 days before the sale)

A. Four way Virus Vaccine for IBR-BVD- PI3- BRSV (Killed or Modified Live for 1st round) <i>Use the numeral 1 on the processing map to indicate where given</i>	
Product name:	Manufacturer:
Date Administered:	Initials of person who completed:
Lot/ serial number:	Expiration Date:
Does this product require a booster? Circle one: Yes No	
Booster (if required) must be Modified Live	
Product name:	Manufacturer:
Date Administered:	Initials of person who completed:
Lot/ Serial number:	Expiration Date:
B. Required Clostridial 7 way* (Hemophilus Somnus, Blackleg + Somnus is optional)	
Product name:	Manufacturer:
Date Administered:	Initials of person who completed:
Lot/ serial number	Expiration Date
Does this product require a booster? Circle one: Yes No	
Booster (if required)	
Product name:	Manufacturer:
Date Administered:	Initials of person who completed:
Lot/ serial number:	Expiration Date:

Complete both sides of this form

C. Deworm, grub and lice control: a maximum of 60 days before sale <i>Use the numeral 5 on the processing map to indicate where given if injectable was used</i>	
Product name:	Manufacturer:
Date Administered:	Initials of person who completed:
Lot/ serial number	Expiration Date:
D. Castration of Male Animals	
Date Completed:	Initials of person who completed:
E. Dehorning (if not polled animals)	
Date Completed:	Initials of person who completed:
F. Optional: Pasteurella Vaccine (encouraged) <i>Use the numeral 6 on the processing map to indicate where given</i>	
Product name:	Manufacturer:
Date Administered:	Initials of person who completed:
Lot/ serial number	Expiration Date:
G. Optional: Implants (not encouraged during 45 day weaning and pre-conditioning time)	
Product name:	Manufacturer:
Date Administered:	Initials of person who completed:
List all implants given to animal during your ownership of the animal	
H. Optional: Other treatments	
Treatment:	Initials of person who completed:
Date Completed:	

III. Other requirements

Health Records

Must complete, sign and send to the sale committee the sale certification form regarding names of vaccines, lot or serial number, dates and location of administration, and the producer needs to attach the purchase receipts of the vaccines if a veterinarian has not certified that they have administered the vaccines.

Processing

Castration: All bull calves are recommended to be knife cut and healed prior to or at weaning. Late castrated calves may lead to stags, which are discounted. **Intact males do not qualify for sale.**

Horns: All cattle will be dehorned, smooth headed and healed or polled, **NO EXCEPTIONS**

Administration of vaccine: Follow label directions and handle vaccines properly, and follow BQA guidelines for proper location of administration.

IV. ALL SALES ARE ABSOLUTE

Heifers are guaranteed open at the time of sale and steers guaranteed not to be bulls. Seller agrees to reimburse buyer \$100.00 for pregnant heifers and intact bulls. All claims must be properly verified by a veterinarian within five (5) months of sale. Contact State Badger VAC coordinator regarding claims.

Required:

These cattle have been preconditioned to the above recommendations to the best of my ability and knowledge, and the above information is true and accurate. I acknowledge that I have read and understand the program requirements and that cattle not conforming to the requirements, or not meeting the quality standards outlined may be subject to rejection.

Signature of Owner Date

Required:

I observed the cattle represented on this certificate on-farm and they are weaned, eating from a bunk and drinking water from a trough.

Signature of Inspection Agent Date

Optional:

I certify that I completed the above, initialed by me, procedures to the cattle represented on this certificate.

Signature of Veterinarian Date