

ICA HEIFER REPLACEMENT PROGRAM

Vaccination Information

BRING A COPY OF THIS SHEET WITH YOUR HEIFER(S) TO THE TEST SITE

These vaccinations were given to the following heifers (list owner tags):

VACCINATION – 2 ROUNDS WITH LAST ROUND NO LATER THAN 14 DAYS BEFORE

DELIVERY	BRAND	DATE TREATED-1	DATE TREATED-2
BVD Vaccine	_____	_____	_____
IBR Vaccine	_____	_____	_____
PI3 Vaccine	_____	_____	_____
Pasteurella – New Generation Vaccine	_____	_____	_____
Clostridium Chauvoeri, Septicum	_____	_____	_____
Clostridium Perfringes (Type C&D)	_____	_____	_____
Haemophilus Somnus	_____	_____	_____
Bovine Respiratory Syntial Virus	_____	_____	_____

GRUB OR LICE OR WORM TREATMENT - DATE: _____

Calfhood Vaccination Date: _____

Please indicate if heifers have been Genomic tested: Yes / No

Please indicate if you would like to have your heifer(s) Genomic tested: Yes / No

I hereby certify that the above procedures have been followed and that the above heifers are, to the best of my judgment, free from infectious diseases including warts, ringworm and mange. Must have a vet's verification signature to enter the test.

Name: _____

Address: _____

Phone: _____ Date: _____

Signature: _____