2009

CERTIFICATE OF VACCINATION

For West Virginia Heifer Evaluation Center

This certificate must accompany heifers to evaluation center.

Herd Owner (print) _____ Phone _____

Address _____

FARMER TAG NO.	TATTOO	SIRE	BREED	BIRTH DATE MO/DAY/YR

The following required vaccinations must be administered between August 24 and September 23. (Follow dates listed in prior "Health Requirements". List both vaccination dates.

VACCINATIONS	First Vaccination Date	Booster Vaccination Date	SERIAL NO. OF PRODUCT USED
1. Alpha 7/MB-1			
2. Express FP 10			
3. Elite 9			
4. Elite 4-HS or Express 5-HS			
5. Pulma-guard PHM			
6. Express 5-HS			
7. Pulmo-guard MpB			
8. Express 5 - PHM			
9. Warts			

I certify that the above identified bulls have been administered the required vaccinations on the date(s) indicated above.

_____ _____

DATE VETERINARIAN OR PRODUCER

Additional Procedures (Not required, but may be beneficial.)

VACCINATIONS	DATE PERFORMED	PRODUCT USED
Insecticide A. Pour-On		
B. Spray or dip		
Deworm		

Bring this Paper Day of Delivery.

2009 – 2010 Heifer Evaluation Program – Southern Bull Test
Consignment Form
Bring this form with Heifers on Delivery Day!

Station Use	Farmer Tag #	Tattoo	Birth Date & Weight	Adj. Weaning Weight	Breed & Percentage & Color	205 Day Ratio Must Have	Creep or No Creep	Age of Dam	Sire's Registration Number

*List in Contemporary Groups - If these heifers are from more than one contemporary group identify the groups ie. 1A, 1B, etc.

In consigning heifers for the Heifer Evaluation Program, I verify that I have read and understand the rules and regulations for participating in the program and agree to abide by those rules and regulations. Furthermore, I understand that the sponsors of this program and their employees are not liable for the loss of any heifer, property damage, or personal injury that might occur.

Signed _____

Consignor's Name (Please Print):_____ Phone:_____

Address:_____

E-Mail Address_____

Number of Heifers Allowed:_____ x Delivery Fee ($150.00 per heifer) = $_____ (Make check payable to: **S.B.T.** pay on delivery.)

Bring this completed form when Heifers are delivered.