

**CERTIFICATE OF VACCINATION**  
 For West Virginia Bull Evaluation Center  
**This certificate must accompany bulls to evaluation center.**

Herd Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ email: \_\_\_\_\_

BULL TEST (LEAVE BLANK)	TATTOO	EAR TAG	Date Calved	Dam's Age	Registration Number of Calf	CALF's SIRE
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						

The following required vaccinations must be administered under BQA guidelines as outlined in "Health Requirements".

VACCINATIONS	DATE PERFORMED	PRODUCT USED (If Not Specified)
1. Bovi-Shield Gold FP5 or other modified live IBR, BVD, PI3, BRSV. Give two doses ( may use killed for first shot).		
2. Clostridial 7/8 way. One dose given at same time as first dose of IBR, BVD, PI3, BRSV. Booster clostridial and vaccinate with pasturella 4-5 weeks later.		
3. Lepto including Hardjo bovis. Give two doses prior to delivery.		
4. Warts (recommended/owners discretion)		

Many vaccination programs are compromised by misuse of products. Do the following:

1. Avoid exposing products to sunlight.
2. Avoid using different vaccines in the same syringe.
3. Do not use alcohol to clean needles/syringes.
4. Avoid hot days (Do not vaccinate when air temperature is above 86 degrees).

I certify that the above identified bulls have been administered the required vaccinations on the date(s) indicated above and BQA guidelines have been followed and observed. I further verify that these bulls were given Bovi-Shield Gold FP5 at least 42 days prior to delivery.

DATE: \_\_\_\_\_ COOPERATOR: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_



**Wardensville Enrollment Form**  
**Due by October 28, 2009**

Cooperator: \_\_\_\_\_

\_\_\_\_\_ (Leave Blank)

**Bull Information:**

Breed (% if applicable): \_\_\_\_\_ HPS: \_\_\_\_\_

(Horned, Polled, Scurs)

Name of Bull: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Calf Sired by AI : \_\_\_\_\_ Yes \_\_\_\_\_ No

Tattoo: \_\_\_\_\_

Mgt: \_\_\_\_\_ No. of Contemporaries: \_\_\_\_\_

Color: \_\_\_\_\_ ET: \_\_\_\_\_

Birth Weight: \_\_\_\_\_ Ratio: \_\_\_\_\_

205d Adj. Wt.: \_\_\_\_\_ Ratio: \_\_\_\_\_

**Information on Calf's Dam:**

Birth Date: \_\_\_\_\_

Average Weaning Weight Ratio of Calves: \_\_\_\_\_ Number: \_\_\_\_\_

Average Yearling Weight Ratio of Calves: \_\_\_\_\_ Number: \_\_\_\_\_

Pedigree of Calf (or attach a copy of registration certificate): \_\_\_\_\_

\_\_\_\_\_