

2001
CERTIFICATE OF VACCINATION
 For West Virginia Bull Evaluation Center
This certificate must accompany bulls to evaluation center.

Herd Owner: _____ Phone: _____

Address: _____

BULL TEST (LEAVE BLANK)	TATTOO	STATION EAR TAG	SIRE	BREED	BIRTH DATE
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

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

VACCINATIONS	DATE PERFORMED	PRODUCT USED (If Not Specified)
1. Bovi-Shield 4+L5 (Pfizer) by Sept. 3		
2. Blackleg, Malignant Edema (Use Vision 7/Somnus) 2 doses (at weaning & 3-4 weeks later)		
3. One-Shot (Pfizer) give 2-3 weeks prior to weaning and Cattlemaster 4+L5 at same time.		
4. Warts (recommended/owners discretion)		

Too 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.

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 4+L5 at least 42 days prior to delivery.

DATE: _____ CONSIGNOR: _____

ADDRESS: _____