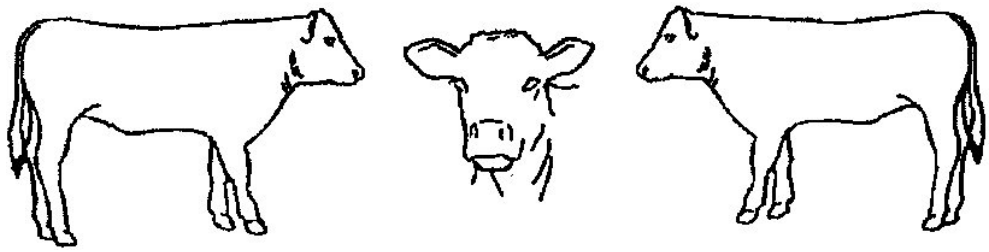
Virginia Premium Assured Heifers

Health Certification and Processing Map

Farm_____ Name_____



Please list and mark location for all products given to animals regardless of when given.

Health Requirements:

All Heifers Tested Negative for PI-BVD ☐

Vaccinations (all vaccinations given in accordance to label directions including booster if required)

- IBR-PI3, BRSV, BVD (type 1 & 2 – MLV w/Fetal Protection)
- 7-way clostridial.
- 5-way leptospirosis (2 doses for bred heifers)

Parasite control

- Fall sales – Endecticide within 60 days and before November 1.
- Spring sales - Endecticide within 30 days and after February 1.

Product	Route	MLV/K/ Combo	Date	Serial #	Expiration Date

Virginia Premium Assured Heifer Program Data Form

(Sire Sheet)

Virginia Premium

Assured Heifers

Owner_____ **Date**_____
Address_____ **Examiner Name**_____
City/State/Zip_____ **Page**_____ **of** _____
Telephone _____

Sires (Father of Heifer) VA Premium Assured Plus

Breed	Sire Name	Registration #	Date Calved	BW	WW	MM	YW	Sire Code (i.e. 1,2,3 or A,B,C)

Bred Heifer Service Sires (Bull that Heifer is Bred to)

Breed	Sire Name	Registration #	Date Calved	CE	BW	WW	MM	YW	Service Sire Code (i.e. 1,2,3 or A,B,C)

Virginia Premium Assured Heifer Program Data Form

(Pre-Breeding Exam)

Virginia Premium

Assured Heifers

Owner_____ **Date**_____
Address_____ **Examiner Name**_____
City/State/Zip_____ **Page**_____ **of** _____
Telephone _____

Farm ID	VA PAH Tag #	Birth Date (mm/yy)	Sire Breed	Sire code off Sire Sheet	Weight	RTS	Pelvic Height	Pelvic Width	Pelvic Area	Home Raised, purchased or custom raised?	Blemishes/ Other comments	Committee Approval (Y or N)

Virginia Premium Assured Heifer Program Data Form
(Preg. Check Exam)

Owner_____ **Date**_____
Address_____ **Examiner Name**_____
City/State/Zip_____ **Page**_____ **of** _____
Telephone _____

Farm ID	VA PAH Tag #	Birth Date (mm/yy)	Weight	AI Date	Days Preg/Calving Dt.	NS Bull in Date	NS Bull out Date	Service Sire Breed	Service Sire code off Sire Sheet	Blemishes/ Other comments	Committee Approval (Y or N)