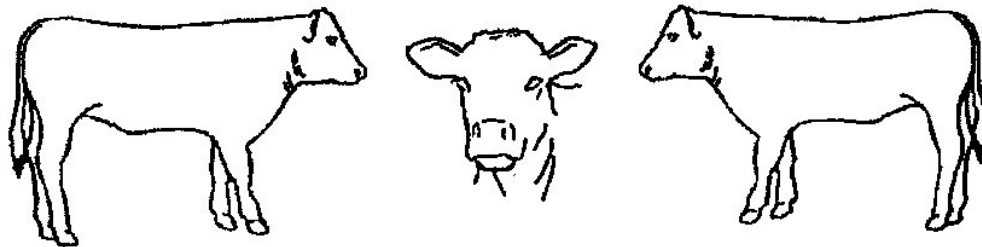


Virginia Premium Assured Heifers

Health Certification and Processing Map

Farm _____ Name _____



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

Requirements: Calfhood Vaccinated for Brucellosis: Date _____ Tattoo _____
 All Heifers Tested Negative for PI-BVD

Vaccinated against: IBR, BVD, PI3, 7-strain clostridium, 5-strain Leptospirosis (2 doses)

(According to label directions: includes boosters if called for by a particular vaccine)

Fall sales – Endectocide within 60 days and before November 1. Spring sales – Endectocide within 30 days and after February 1. Date _____ Product _____

	Product	Route	Contents	MLV/K/Combo	Date	Serial #	Expiration Date
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

Send One Copy To:

Owner
 Extension Agent
 Veterinarian and
 Beef Extension Specialist, APSC, VA Tech, Blacksburg, VA 24061-0306

