

2009-2010 IBEEF IMMUNIZATION FORM

(This form must be completed and accompany calves to the delivery point.)

Owner: _____

Address: _____

Phone: _____

Calf farm tag numbers: _____

Weaning Dates: _____

IBR, BVD, PI3, BRSV vaccine: Mfg _____
 Date given _____
 Serial # _____
 Exp. Date _____

7-way Clostridial: Mfg _____
 Date given _____
 Serial # _____
 Exp. Date _____

Pasteurella, hemolytica and Mfg _____
multocida Date given _____
 Serial # _____
 Exp. Date _____
 If required, re-vaccination Date _____

Repeat 2-4 weeks after initial vaccination but not closer than two weeks prior to delivery.

IBR, BVD, PI3, BRSV vaccine: Mfg _____
(Note: This should be a Date given _____
modified live product) Serial # _____
 Exp. Date _____

Other Procedures (i.e. parasite control and implants):
Please indicate products used and date administered.

I certify that the above procedures have been performed on the dates indicated.

Owner's Signature: _____

Date: _____

To assist us in planning ahead for trucking to the feedlots, we would greatly appreciate you completing the form below indicating the number of steers and heifers and an estimate of their average weight for the various delivery dates. This is not a commitment and no payment is needed, but rather gives us your best estimate as to the number of cattle you plan to consign and the delivery date(s) that best fit your operation.

You can deliver cattle on more than one date.

DELIVERY DATE		STEERS	HEIFERS
October 25, 2009	Number head	_____	_____
	Average wt.	_____	_____
November 9, 2009	Number head	_____	_____
	Average wt.	_____	_____
December 6, 2009	Number head	_____	_____
	Average wt.	_____	_____

Please complete and return by **Friday, September 25** to:
**Brad Shelton, Washington Co. Ext., 806 Martinsburg Rd., Suite 104,
 Salem, IN 47167-5907.**

NAME: _____

ADDRESS: _____

PHONE: _____

You may enter this delivery information online.
 Go to <http://www.ansc.purdue.edu/ibeef/>
 and click on "Enter your delivery information online".