



VACCINATION INFORMATION PROGRAM FORM

Consignor Name _____ Load Number _____
 Contact Person _____ Phone Number _____
 Address, City, State, Zip _____
 Cattle Description _____
 Number of Head _____ Ranch BQA Number _____

VIP MINIMUM PREFERRED PRACTICES: *(Cattle feeders and order buyers feel these three practices are essential.)*

- 1) **4-way viral vaccination for IBR, BVD, PI3, BRSV & booster.**
 Brand name: _____ Date administered: _____
 Date booster administered: _____
- 2) **Clostridial 7-way vaccination & booster.**
 Brand name: _____ Date administered: _____
 Date booster administered: _____
- 3) **Supporting vaccination documentation attached.**

ADDITIONAL MANAGEMENT PRACTICES:

- **Pasteurella vaccination**
 Brand name: _____ Date administered: _____
- **Hemophilus somnus vaccination**
 Brand name: _____ Date administered: _____
- **Dewormer**
 Brand name: _____ Date administered: _____

• Please check one:

Dehorned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Implanted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Knife-cut castration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Weaned	<input type="checkbox"/> Yes	<input type="checkbox"/> No

• **Other** _____ If yes, indicate date weaned _____

I certify that the above information is accurate.

(Consignor's signature)

(Date)

