

# MAC-VAC CALF PROGRAM - HEALTH FORM

For use at Stanly County Livestock Market (Norwood, NC) and Harward Brothers Livestock Market (Turnersburg, NC)

Name & Farm Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Please check one box -->  Not Weaned  Weaned ( \_\_\_\_\_ # of Days)

## PROGRAM REQUIREMENTS

- STEERS and HEIFERS only (no bulls)
- Minimum required vaccines given within 90 days of being sold and at least 21 days prior to being sold.
- At least one modified live virus vaccine for IBR, BVD, PI3, BRSV
- At least one mannheimia haemolytica (pasteurella), can be given with MLV
- At least one clostridal/blackleg (two if label requires a booster)
- At least one parasite control/dewormer
- Polled or tipped horns (horns must be less than 2 inches)
- If applicable, weaned calves must be weaned 45+ days.
- MUST have MAC-Vac program tag in the ear
- This form MUST accompany cattle on sale day

	Required or Optional	Type	Product Name	Date Given	Lot/Serial #	Expiration Date
1	Required	Modified Live (MLV) for IBR, BVD, PI3, BRSV		___ / ___ / ___		___ / ___ / ___
2	Required	Mannheimia Haemolytica (Pasteurella)	<input type="checkbox"/> Check if given in combo with MLV	___ / ___ / ___		___ / ___ / ___
3	Optional	MLV #2		___ / ___ / ___		___ / ___ / ___
4	Required	Clostridial (Blackleg)		___ / ___ / ___		___ / ___ / ___
5	Optional	Clostridial #2 (required if label requires a booster)		___ / ___ / ___		___ / ___ / ___
6	Required	Dewormer(s) (please indicate if injectable, drench, or pour-on)		___ / ___ / ___		___ / ___ / ___
7	Optional	Implant		___ / ___ / ___		___ / ___ / ___
8	Other			___ / ___ / ___		___ / ___ / ___

### OPTIONAL:

IF applicable, date weaned: \_\_\_\_\_

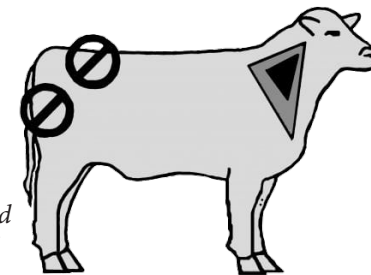
Castration Method: (knife, band, etc) \_\_\_\_\_

Breeds/Genetics of Sires: \_\_\_\_\_

Breeds/Genetics of Dams: \_\_\_\_\_

I certify, to the best of my knowledge, that all of the statements made above are true and correct, that all requirements for certification have been met, and all vaccines and health products were administered according to label direction.

Owner/Manager Signature \_\_\_\_\_ Date \_\_\_\_\_



All injections should be given in front of the shoulder.

Do Not Inject  
  Subcutaneous (SC)  
  Intramuscular (IM)