



# Premium CPH Feeder Sale

## Guidelines & Certification Form



Blue Grass Stockyards South  
277 Cordier Lane  
Stanford, KY 40484  
606-365-0665  
Fax 606-365-3877

Check Payable To:			Contact Person:	
Address:			Phone Number:	County:
			E-mail:	
City:	State:	Zip:	CPH Tag Numbers:	
BQA Number (REQUIRED):				
Premise ID (REQUIRED):			Letter Code:	Head Count:

**Check the appropriate boxes:**

I. Weaning Date:		Home Raised
<input type="checkbox"/> Minimum of 45 days prior to sale		<input type="checkbox"/> Purchased-Must be 60 days prior to sale and provide receipts.

II. Required Vaccinations: All vaccines must be given no more than 90 days out and boosted modified live at least 14 days before sale.

A. Four Way Virus Vaccine for IBR-BVD-P13-BRSV(Killed or Modified Live)

First shot can be Killed or Modified Live Virus (MLV)	Booster must be Modified Live Virus (MLV)
<input type="checkbox"/> Triangle 5 -- Boehringer Ingelheim	<input type="checkbox"/> Inforce 3+ Bovishield Gold 5 -- Zoetis
<input type="checkbox"/> Elite 4 -- Boehringer Ingelheim	<input type="checkbox"/> Bovishield Gold 5 -- Zoetis
<input type="checkbox"/> Cattlemaster Gold FP5 -- Zoetis	<input type="checkbox"/> Titanium 5 -- Elanco
<input type="checkbox"/> Express 5 -- Boehringer Ingelheim	<input type="checkbox"/> Master Guard 5 -- Elanco
<input type="checkbox"/> ViraShield 6 -- Elanco	<input type="checkbox"/> Vista 5 -- Merck
<input type="checkbox"/> Pyramid 5 -- Boehringer Ingelheim	<input type="checkbox"/> Other:
<input type="checkbox"/> Inforce 3+ Bovishield IBR/BVD -- Zoetis	

Lot/Serial#:	Booster Lot/Serial#:
Date Administered:	Booster Date:
Expiration Date:	Expiration Date:

B. Required: Pasteurella Vaccine **\*\*\*If used Bovishield Gold/Oneshot - Pasturella Covered\*\*\***

<input type="checkbox"/> Presponse HM -- Boehringer Ingelheim	<input type="checkbox"/> Once PMH - SQ -- Merck
<input type="checkbox"/> Presponse SQ -- Boehringer Ingelheim	<input type="checkbox"/> Once PMH - IN -- Merck
<input type="checkbox"/> One Shot - Ultra 7 -- Zoetis	<input type="checkbox"/> Other:
<input type="checkbox"/> Respishield HM -- Merial	
<input type="checkbox"/> Titanium 5 PHM -- Elanco	Lot/Serial#:
<input type="checkbox"/> Vista Once -- Merck	Date Administered:
<input type="checkbox"/> Pyramid 5+ Presponse Pasturella	Expiration Date:

C. Required: Clostridial 7 Way (Hemophilus Somnus, Blackleg+ Somnus is optional)\***Administer one of the below at weaning if a Blackleg was given previously. Otherwise administer two, one at weaning and one 14-21 days later.**

<input type="checkbox"/> Ultrabac 7/Somubac -- Zoetis	<input type="checkbox"/> Vision 7 Somus -- Merck
<input type="checkbox"/> Caliber 7 -- Boehringer Ingelheim	<input type="checkbox"/> Calvary 9 -- Merck
<input type="checkbox"/> Bar Vac 7 -- Boehringer Ingelheim	<input type="checkbox"/> Covexin 8/Tetanus -- Merck
<input type="checkbox"/> Bar Vac 7 Somnus -- Boehringer Ingelheim	<input type="checkbox"/> Ultrachoice 7 -- Zoetis
<input type="checkbox"/> Apha 7-1 Single Dose No Booster -- Boehringer Ingelheim	<input type="checkbox"/> Ultrabac 7 -- Zoetis
<input type="checkbox"/> Apha 7/MB-1 Single Dose No Booster -- Boehringer Ingelheim	<input type="checkbox"/> Clostri Shield 7 -- Elanco
<input type="checkbox"/> Vision 7 -- Merck	<input type="checkbox"/> Other:

Lot/Serial#:	Booster Lot/Serial#:
Date Administered:	Booster Date:
Expiration Date:	Expiration Date:

D. Required: Deworm (Maximum of 60 days before sale or 100 days is Long Range is used.)

<input type="checkbox"/> Cydectin -- Boehringer Ingelheim	<input type="checkbox"/> Long Range -- Merial
<input type="checkbox"/> Cydectin Injectable -- Boehringer Ingelheim	<input type="checkbox"/> Valbazen -- Zoetis
<input type="checkbox"/> Dectomex -- Zoetis	<input type="checkbox"/> Alverin Plus -- Zoetis
<input type="checkbox"/> Ivomec -- Merial	<input type="checkbox"/> Other:
<input type="checkbox"/> Eprinex -- Merial	Lot/Serial#:
<input type="checkbox"/> Safeguard -- Merck	Date Administered:
<input type="checkbox"/> Synanthic -- Boehringer Ingelheim	Expiration Date:

Please complete both sides!

III. Recommended Nutrition

- Provide high quality, high energy rations first 3-5 days post-weaning
- Trained to eat feed from a bunk and drink water from a trough. (Do not overfeed! Fleshy calves should be avoided and are likely to be discounted.)
- Calves must have access to a free choice salt and mineral supplement which contains a minimum of 1,400 ppm copper (no copper oxide), 26 ppm selenium, 3,000 ppm zinc, 3,000 ppm manganese and 18-25% salt based on a 4 oz. daily intake. No other salt available.

IV. Other Requirements

**Health Records**

- Must complete, sign and send to Blue Grass Stockyards the sale certification form regarding name of vaccine, lot or serial number, dates and location of administration, and also the Producer needs to attach the purchase receipts of vaccines.

**Processing**

- Males castrated and healed (knife castration is strongly recommended). Late castrated calves may lead to stags, which are discounted. The scrotal sac with testicles must have fallen off "banded" calves.
- HORNS: All cattle will be dehorned, smooth headed and healed or polled. **NO EXCEPTIONS!**
- Administration of vaccine
  1. Use the neck area for intramuscular injections
  2. Use subcutaneous injection if labeled on product which also should be given in the neck area
  3. Follow label directions and handle vaccines properly
- CPH ear tags are required on all cattle. Tags can be ordered from the Kentucky Beef Network 859-278-0899.

V. ALL SALES ARE ABSOLUTE!

**Heifers are guaranteed open at time of sale and steers are guaranteed not to be bulls/stags.** Seller agrees to reimburse buyer \$200.00 for pregnant heifers or bulls/stags. All claims must be properly verified by a veterinarian within four (4) months of sale.

VI. Receipts attached

VII. Implants  YES, list product name below.  
 NO

**REQUIRED:** (For CPH45 Certification) I observed the cattle represented on this certificate on farm and they are weaned, eating feed from a bunk and drinking water from a trough.

\_\_\_\_\_  
**Signature of County Extension Agent**

\_\_\_\_\_  
**Date**

**REQUIRED:** These cattle have been preconditioned to the above recommendations to the best of my ability and knowledge, and the above information is true and accurate.

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Date**

**OPTIONAL (owners are responsible for checking and adhering to local state requirements):** I have a valid veterinarian-client-patient relationship with the cattle and their owner and certify this record to be accurate

\_\_\_\_\_  
**Signature of Veterinarian**

\_\_\_\_\_  
**Date**

Deliver signed original (two signatures) to sale with preconditioned cattle. Photocopy certificate if copies are required for records. Contact County Extension Agent for Agriculture for inspection. Cooperating agencies include Kentucky Cattlemen's Association, Kentucky Department of Agriculture, KY Farm Bureau, KY Livestock Marketing Association, KY Veterinary Medical Association & University of Kentucky Cooperative Extension Service.