



**Washington Co. Livestock Center
CPH Feeder Sale
Guidelines & Certification Form**

646 Bloomfield Road
Springfield, Ky 40069
Phone 859-336-3481
Fax 859-336-0119



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

Check the appropriate box:

I. Weaning Date: **Minimum of 45 days prior to the sale**
 Home raised
 Purchased - MUST be 60 days prior Sale - Receipts of PURCHASE!!!!

Weaning Date: _____

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 MLV (Modified Live Virus) **Booster Must Be MLV (Modified Live)**

Lot/Serial #:	Booster Lot/Serial #
Date Administered:	Booster Date:
Exp. Date:	Exp. Date:

<input type="checkbox"/> Triangle 5 - Boehringer Ingelheim	<input type="checkbox"/> Inforce 3 + Bovishield IBR/BVD - Zoetis
<input type="checkbox"/> Elite 4 - Boehringer Ingelheim	<input type="checkbox"/> Inforce 3 + Bovishield Gold 5 - Zoetis
<input type="checkbox"/> Cattlemaster Gold FP5 - Zoetis	<input type="checkbox"/> Bovishield Gold 5 - Zoetis
<input type="checkbox"/> Express 5 - Boehringer Ingelheim	<input type="checkbox"/> Titianm 5 - Agrilab
<input type="checkbox"/> ViraShield 6- Elanco	<input type="checkbox"/> Vista 5 - Merck
<input type="checkbox"/> Pyramid 5 - Boehringer Ingelheim	<input type="checkbox"/> Master Guard 5 -Elanco
<input type="checkbox"/> Other	<input type="checkbox"/> Other

B. Required: Pasteurella Vaccine

<input type="checkbox"/> Presponse HM - Boehringer Ingelheim	Lot/Serial #:
<input type="checkbox"/> Presponse SQ - Boehringer Ingelheim	Expiration Date:
<input type="checkbox"/> One Shot - Ultra7 - Zoetis	Date Administered:
<input type="checkbox"/> Respishield HM - Merial	<input type="checkbox"/> Pyramid 5 + Presponse Pasturella
<input type="checkbox"/> Titanium 5 PHM- Elanco	<input type="checkbox"/> Once PMH - SQ - Merck
<input type="checkbox"/> Vista Once - Merck	<input type="checkbox"/> Once PMH - IN - Merck
<input type="checkbox"/> Other	<input type="checkbox"/> Other

*** If Used Bovishield Gold/Oneshot - Pasteurella Covered**

C. Required: Clostridial 7 way (Hemophilus Somnus, Blackleg + Somnus is optional)

<input type="checkbox"/> Ultrabac 7/Somubac - Zoetis	Lot/Serial #:	Booster Lot/Serial #:
<input type="checkbox"/> Caliber 7 - Boehringer Ingelheim	Date Administered:	Booster Date:
<input type="checkbox"/> Bar Vac 7 Somnus - Boehringer Ingelheim	Exp. Date:	Exp. Date:
<input type="checkbox"/> Alpha 7/MB-1 Single Dose - No Booster - Boehringer Ingelheim	<input type="checkbox"/> Covexin 8/Tetnus - Merck	
<input type="checkbox"/> Apha7/1 Single Dose No Booster-Boehringer Ingelheim	<input type="checkbox"/> Ultrachoice 7 - Zoetis	
<input type="checkbox"/> Vision 7 - Merck	<input type="checkbox"/> Ultrabac 7 - Zoetis	
<input type="checkbox"/> Vision 7 Somus - Merck	<input type="checkbox"/> ClostriShield 7 - Elanco	
<input type="checkbox"/> Calvary 9 - Merck		
<input type="checkbox"/> Other		

***Administer one of the above at weaning if a Blackleg was given previously. Otherwise administer two, one at weaning and one 14 - 21 days later.*

D. Deworm: a maximum of 60 days before sale or 100 days if Long Range is used.

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

Please Complete Both Sides of This Form

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 Washington Co. Livestock Center the sale certification form regarding name of vaccines
 Also include serial number, dates and location of administration,**

***** ALL Producers need to attach the purchase receipts of the 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.

Electronic ear tags

EID's are required on all cattle which are to be ordered from Integrated Traceability Solutions.

V. ALL SALES ARE ABSOLUTE.

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

VI. RECEIPTS:
 Receipts attached

VII. IMPLANTS:
 YES If yes, product name:
 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 sale 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 (2 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, Kentucky Farm Bureau, Kentucky Livestock Marketing Association, Kentucky Veterinary Medical Association and University of Kentucky Cooperative Extension Service