

Central Arkansas Precondition Calf Sales

2010 Sales Form

Name: _____ Telephone: _____

Address: _____ Cell phone : _____

City/Zip: _____ County: _____

BQA# _____ Premise ID#: _____ # Steers: _____ # Heifers: _____

CAP tag numbers _____ to _____ Total number of calves _____

Sale Barn Location _____ Date _____

CAP Sales requirements:

1. Owned by seller a minimum 60 days.
2. Weaned a minimum 45 days.
3. Trained to eat from a bunk and drink from a trough.
4. Dehorned and healed (no visible horns or scurs).
5. Males castrated and healed. (Scrotal sack must have fallen off "banded" calves and healed.)
6. Treated for grubs and lice according to label recommendations for time of year.
7. Dewormed with an endectocide a maximum of 60 days prior to sale.
8. Vaccinated for Clostridia (7-way) subcutaneously in the neck.
9. Vaccinated and boosted for IBR, BVD, BRSV, PI3 (booster injection for viral diseases must be modified-live vaccine.)
10. All processing documented on forms with date administered, serial #, lot and product used.
11. Identified with official CAP tag.
12. Heifers are guaranteed to be open at the time of sale; steers are guaranteed not to be bulls.
13. Calves must have access to a free choice mineral supplement which contains a minimum 1,400 ppm copper (no copper oxide), 26 ppm selenium, 3,000 ppm manganese and 3,000 ppm zinc and a 18-25% salt based on a 4 oz. daily intake.

Backgrounding options – Check if this applies (Calves weaned a minimum of 90 days)

1. Same requirements as above except that backgrounded cattle do not have to be revaccinated prior to sale provided they were vaccinated and boosted according to label guideline time limits for the diseases listed above in item #9. Backgrounded cattle must meet the guidelines in item #7 (dewormed within 60 days of the sale.)
2. Grub and lice treatment according to label recommendations for time of year.

I certify that the cattle represented on this certificate adhere to the above requirements and that this record is accurate.

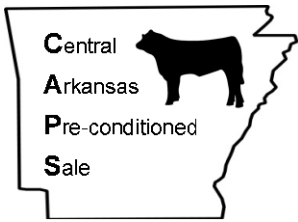
Signature of owner

Date

I certify that I have inspected the cattle represented on this certificate and they were observed to be weaned, eating from a bunk and drinking water from a trough or conform to the backgrounding requirements. They are being fed a mineral supplement that meets the requirements listed above.

Signature of verifier

Date



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OPTIONAL: 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

Weaning Date _____

Product	Used For	Dose	Administration Route	Date of Admin.	Booster Date

Product	Lot	Serial #	Expiration Date