

Central Arkansas Preconditioned Calf Sale

Sale Facility _____

Guidelines & Certification Form

Address _____

Phone # _____

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

Check the appropriate box:

I. Weaning Date: _____ Weaning Date: _____

Minimum of 45 days prior to the sale

Home raised

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 --PI3 --BRSV (Killed or Modified Live)
First Shot Can Be Killed or MLV (Modified Live Virus) Booster Must Be MLV (Modified Live Virus)

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

<input type="checkbox"/> Triangle 4 & II BVD - Ft. Dodge	<input type="checkbox"/> Pyramid 5 - Ft. Dodge
<input type="checkbox"/> Elite 4 - Boehringer Ingelheim	<input type="checkbox"/> Pyramid 5 + Presponse - Ft. Dodge
<input type="checkbox"/> Reliant 4 - Merial	<input type="checkbox"/> Express 5 - Boehringer Ingelheim
<input type="checkbox"/> Cattlemaster Gold FP5 - Pfizer	<input type="checkbox"/> Express 5 PHM - Boehringer Ingelheim
<input type="checkbox"/> Other	<input type="checkbox"/> Bovishield Gold 5 - Pfizer
	<input type="checkbox"/> Other

Optional: Pasteurella Vaccine

<input type="checkbox"/> Presponse HM - Ft. Dodge	Lot/Serial #:
<input type="checkbox"/> One Shot - Pfizer	Expiration Date:
<input type="checkbox"/> Respishield HM - Merial	Date Administered:
<input type="checkbox"/> Pulmo Guard PHM-1-Boehringer Ingelheim	
<input type="checkbox"/> Other	

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

<input type="checkbox"/> Ultrabac 7/Somubac - Pfizer	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"/> 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.

<input type="checkbox"/> Cydectin - Ft. Dodge	Lot/Serial #:
<input type="checkbox"/> Dectomex - Pfizer	Expiration Date:
<input type="checkbox"/> Ivomec - Merial	Date Administered:
<input type="checkbox"/> Eprinex - Merial	
<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.)
Free choice salt and mineral supplement which contains a minimum of 1,000 ppm copper (no copperoxide), 26 ppm selenium, 2,000 ppm zinc, 1,000 ppm manganese.

IV. OTHER REQUIREMENTS

Health records

Must complete, sign, and send to Ash Flat Sale Barn 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 the vaccines.

Processing

All bull calves are recommended to be knife cut and healed prior to or at weaning. Late castrated calves may lead to stags, which are discounted.

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

All Source & Age Verified cattle must have RFID tags.

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 \$100.00 for pregnant heifers or intact bulls. All claims must be properly verified by a veterinarian within seven (7) months of sale.

Age Verification Affidavit

I certify that the animals under this agreement were born on my farm beginning _____ month _____ day, 20__

By signing this document, I attest that this information is true and accurate. I acknowledge that my participation in verified marketing programs implies my consent for the data collected to be used to support any claims represented in those marketing initiatives.

VI. RECEIPTS:
 Receipts attached

VII. IMPLANTS:
 YES If yes, product name:
 NO

REQUIRED

(For CAPs 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 Comm. Mem. Date **REQUIRED**

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 **REQUIRED**

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 a committee member for inspection.

Cooperating agencies include Arkansas Cattlemen's Association, Arkansas Department of Agriculture, Arkansas Farm Bureau, Arkansas Livestock Marketing Association, and University of Arkansas Cooperative Extension Service