

Virginia Quality Assured Feeder Cattle Program



Farm Name _____ Owner _____
 BQA Certification Number _____
 Street Address _____ City _____
 State and Zip _____ Phone _____

Description of Calves/Yearlings:

Breed Composition of Dams _____ Breed Composition of Sires _____

*Copy of Bull Registration papers attached _____ (Yes ☒)

Total Number _____ Steers _____ Heifers _____ Estimated Weight _____ Date _____

Level of Certification:

_____ Gold Tag: Health program and Weaned assured

_____ Purple Tag: Health, Genetics, and Weaned assured

Health Certification and Processing Map:

Please list and mark location for all products given to animals regardless of when given.

De-wormer can be injectable given Sub Q in neck, or topical.

Vaccinated against: IBR, BVD, PI3, BRSV, Mannheimia, and Clostridium, according to label directions.



	Product	Route	Contents	MLV/K/ Combo	Date/ Booster Date	Serial Number	Withdrawal (days)	Expiration Date
1		Sub Q	IBR, BVD, PI3, BRSV	MLV				
2		Sub Q	Mannheimia (If included in above vaccine, then simply boxes in line 2)	K				
3		Sub Q	Clostridium	K				
4			De-wormer					
5		Sub Q	Growth Hormone					
6								

****I IMPLANTED** _____ Steers _____ Heifers (please Number)

I certify that the statements made above are true and correct to the best of my knowledge and all requirements for certification are met.

Producer/Manager signature _____ Date _____

Certifier signature _____ Date _____ Affiliation _____

*Keep copy on file for a minimum of 2 years