

## 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 \_\_\_\_\_  
 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 <small>(If included in above vaccine, then simply boxes in line 2)</small>	K				
3		Sub Q	Clostridium	K				
4			De-wormer					
5		Sub Q	Growth Hormone					
6								

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