



Auction Market _____

Address _____

City, State, Zip _____

VACCINATION INFORMATION PROGRAM FORM

Consignor Name _____ Load Number _____

Contact Person _____ Phone Number _____

Address, City, State, Zip _____

Cattle Description _____

Number of Head _____ Ranch BQA Number _____

VIP MINIMUM PREFERRED PRACTICES: *(Cattle feeders and order buyers feel these three practices are essential.)*

1) **4-way viral vaccination for IBR, BVD, PI3, BRSV & booster.**

Brand name: _____ Date administered: _____

Date booster administered: _____

2) **Clostridial 7-way vaccination & booster.**

Brand name: _____ Date administered: _____

Date booster administered: _____

3) **Supporting vaccination documentation attached.**

ADDITIONAL MANAGEMENT PRACTICES:

• **Pasteurella vaccination**

Brand name: _____ Date administered: _____

• **Hemophilus somnus vaccination**

Brand name: _____ Date administered: _____

• **Dewormer**

Brand name: _____ Date administered: _____

• **Please check one:**

Dehorned

Yes No

Implanted

Yes No

Knife-cut castration

Yes No

Weaned

Yes No

• **Other** _____

If yes, indicate date weaned _____

I certify that the above information is accurate.

(Consignor's signature)

(Date)

The North Dakota Vaccination Information Program is coordinated by the North Dakota Stockmen's Association Feeder Council.

