

Vaccinations should be administered in the neck area following Beef Quality Assurance guidelines.

Write date of administration for each product used in appropriate area, month and day.

Administration Information: YOU MUST USE ONLY APPROVED PHARMACEUTICALS IN ORDER TO PARTICPATE

PRODUCT ADMINISTERED Vaccine Protocol	List Product and Brand Name	JRS Calf Vac Sourced	JRS Vac 45 Weaned Sourced		JRS Vac 45 Non-Sourced	
		1 st Dose Date	1 st Dose Date	Booster Date	1 st Dose Date	Booster Date
Respiratory Virals IBR-BVD-PI3-BRSV 1 st Round MLV or Killed Booster Dose MLV only		X	X	X	X	X
Clostridial/Blackleg		X	X	X	X	X
Haemophilus Somnus		X	X	X	X	X
Mannheimia (Pasteurella) Haemolytica		X	X		X	
Parasite Control (Dewormer)			X		X	
Implant						

PRODUCT ADMINISTERED Vaccine Protocol	List Product and Brand Name	JRS/QSA Calf Aged & Sourced	JRS/QSA Vac 45 Aged & Sourced	
		1 st Dose Date	1 st Dose Date	Booster Date
Respiratory Virals IBR-BVD-PI3-BRSV 1 st Round MLV or Killed Booster Dose MLV only		X	X	X
Clostridial/Blackleg		X	X	X
Haemophilus Somnus		X	X	X
Mannheimia (Pasteurella) Haemolytica		X	X	
Parasite Control (Dewormer)			X	
Implant				

X Indicates required shots. Calves enrolling in the Calf Vac program need to be processed 4-6 weeks prior to selling. Calves worked and processed for the Vac 45 weaning period, are **REQUIRED to have the **BOOSTER 2-5 weeks after first round of shots.****

Birth dates of calves for producers in the JRS/QSA program:

Birth date of oldest calf in group (mm/dd/yy) _____ (example: 02/01/07 – 04/01/07)

PRODUCTS ADMINSTRATED ACCORDING TO BQA GUIDELINES Yes

I certify that the calves listed meet or will meet JRS requirements and products have been or will be administered according to label directions and BQA guidelines. I also certify that the information on this form is true and accurate.

Signature of either OWNER/MANAGER OR VETERINARIAN **IS REQUIRED**

Signature of Owner/Manager /Veterinarian

Ranch/Operation Name

Date