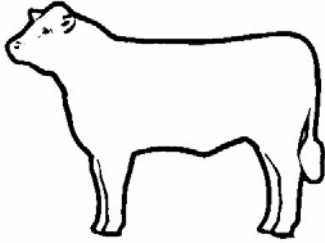
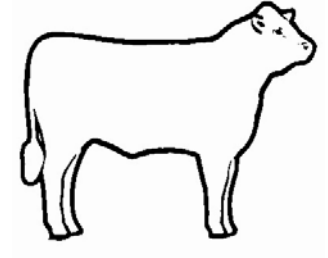




MCA Graded / Vaccinated Feeder Calf Sale Vaccination Verification Form



Left



Right

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

*Use procedure number to identify injection sites.

Date	Treatment	Product	Company	Dose	Route	Initials
1	Clostridial H. Somnus					
2	IBR BVD PI-3 BRSV					
3	Pasteurella					
4	Internal Parasites					
5	External Parasites					
6	Implant					

* 1-4 Required

No of Head: _____ Sex: Steers _____ Heifers _____

Steer Farm Tag #'s (optional): _____

Heifer Farm Tag #'s (optional): _____

All calves were born in the United States. YES NO

Date Weaned: _____ Breed: _____

Date Castrated: _____ Method: _____ Date Dehorned: _____

Owner/Consignor Signature _____ Date _____

Verifier Signature _____ Date _____

Verifier is required for first and second time consignors. Verifier is to make sure this sheet is completed before sending to MCA at 2145 University Park Drive, Suite 300, Okemos, MI 48864.