



Vaccination Stamp Program

Complete this form and return it to the MCA office for review.

Michigan Cattlemen's Association, 2145 University Park Dr. Suite 300, Okemos, MI 48864

Fax: 517-347-0919 micattlemen@aol.com

Consignor Name _____	Telephone Number: _____
Address _____	# of Head & Description: _____
City, State, Zip _____	Email or Fax: _____

Check Your Program Level: **Silver Vac** _____ **Gold Vac 45** _____



Minimum Preferred Practice	Silver Vac	Gold Vac 45 (Booster Required for Gold Vac 45)
1). 5-way viral vaccination for IBR, BVD, P13, BRSV & booster Brand Name: _____	Date Administered: _____	Date Booster Administered: _____
2). Clostridial 7-way Hemophilus somnus & booster Brand Name: _____	Date Administered: _____	Date Booster Administered: _____
3). Pasteurella vaccination Brand Name: _____	Date Administered: _____	Date Booster Administered: _____
4). De-wormer Brand Name: _____	Date Administered: _____	No Additional Deworming Requirement
5). Castration <input type="checkbox"/> Knife <input type="checkbox"/> Band <input type="checkbox"/> Clamp	Castration Not Required for Silver Vac	Date of Castration _____
6). Weaning Weaning Date: _____	Weaning Not Required for Silver Vac	Calves must be weaned a minimum of 45 days prior to shipment.

Additional Management Practices:

Dehorned: Yes No Implanted: Yes No

Intended Marketing Location & Date _____

Michigan Cattlemen's Association Member: Yes Membership dues are attached

I certify that the above information is accurate.

Owner _____ Date: _____

For Office Use Only

Endorsed By: _____
Kevin Wernette, MCA President Date

MCA Membership:	VACCINATION STAMP:
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Upon receiving the MCA STAMP, this form should follow the cattle to the market.