



**Kentucky Certified Preconditioned for Health Sale**  
 Blue Grass Stockyards, 4561 Iron Works Pike, Lexington  
 Wednesday, December 7, 2022 - 5:30 pm  
 Deliver by 2 pm, Wednesday, December 7, 2022



Check Payable To:			Contact Person:
Address:			Cell Number:
City:	State:	Zip:	Phone Number:
County:			Email:

Total Head:	# Steers:	# Heifers:
KY CPH-45 Tag Numbers: _____		
Weaning <input type="checkbox"/> Purchased minimum of 60 days prior to the sale		
Check the Appropriate Box(es) <input type="checkbox"/> Home Raised - Weaning Date: _____ (Must be before Oct. 23, 2022)		

**Required Vaccinations & Deworming:**

*(All vaccines must be give no more than 90 days out and boosted modified live at least 14 days before sale.)*

**A. Four Way Virus Vaccine for IBR-BVD-P13-BRSV (Killed or Modified Live)**

**First shot can be Killed or Modified Live Virus (MLV), must be administered after Sept. 8, 2022**

**Second shot must be Modified Live Virus (MLV) and must be administered before Nov.23, 2022**

1 <sup>st</sup> 2 <sup>nd</sup>	1 <sup>st</sup> 2 <sup>nd</sup>	1 <sup>st</sup> 2 <sup>nd</sup>
<input type="checkbox"/> <input checked="" type="checkbox"/> Triangle 5 - Boehringer Ingelheim	<input type="checkbox"/> <input checked="" type="checkbox"/> Virashield 6 - Elanco	<input type="checkbox"/> <input type="checkbox"/> Bovishield Gold 5 - Zoetis
<input type="checkbox"/> <input type="checkbox"/> Pryamid 5 - Boehringer Ingelheim	<input type="checkbox"/> <input checked="" type="checkbox"/> Cattlemaster Gold FP5 - Zoetis	<input type="checkbox"/> <input type="checkbox"/> Bovishield Gold One Shot - Zoetis
<input type="checkbox"/> <input type="checkbox"/> Pyramid 5+ Presponse - Boehringer Ingelheim	<input type="checkbox"/> <input type="checkbox"/> Bovilis Vista - Merck	Other 1 <sup>st</sup> : _____
<input type="checkbox"/> <input type="checkbox"/> Express 5 - Boehringer Ingelheim	<input type="checkbox"/> <input type="checkbox"/> Vista Once SQ - Merck	Other 2 <sup>nd</sup> : _____

1<sup>st</sup> Shot: Date Administered: \_\_\_\_\_ Lot/Serial: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 2<sup>nd</sup> Shot: Date Administered: \_\_\_\_\_ Lot/Serial: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**B. Pastuerella Vaccine**

<input type="checkbox"/> Presponse HM - Boehringer Ingelheim	<input type="checkbox"/> Bovilis Vista Once PMH - Merck	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Pulmoguard PHM - Boehringer Ingelheim	<input type="checkbox"/> One Shot - Zoetis	
Date Administered: _____	Lot/Serial: _____	Expiration Date: _____

**C. Clostridial 7 Way\* (Hemophilus Somnus, Blackleg + Somnus is optional)**

<input type="checkbox"/> Caliber 7 / Alpha 7 - Boehringer Ingelheim	<input type="checkbox"/> Vision 7 / Calvary 9 - Merck	<input type="checkbox"/> Ultrabac 7 Somubac - Zoetis
<input type="checkbox"/> BarVac 7 Somnus - Boehringer Ingelheim	<input type="checkbox"/> Covexin 8 - Merck	<input type="checkbox"/> Other: _____
Date Administered: _____	Lot/Serial: _____	Expiration Date: _____

**\*Administer one at weaning if a Blackleg was given previously. Otherwise administer two, one at weaning and one 14-21 days later.**

<input type="checkbox"/> Caliber 7 / Alpha 7 - Boehringer Ingelheim	<input type="checkbox"/> Vision 7 / Calvary 9 - Merck	<input type="checkbox"/> Ultrabac 7 Somubac - Zoetis
<input type="checkbox"/> BarVac 7 Somnus - Boehringer Ingelheim	<input type="checkbox"/> Covexin 8 - Merck	<input type="checkbox"/> Other: _____
Date Administered: _____	Lot/Serial: _____	Expiration Date: _____

**D. Deworm - Maximum of 60 days before the sale (after Oct. 8) or 100 days if Long Range is used(after Sept 8, 2022)**

<input type="checkbox"/> Cydectin - Bayer	<input type="checkbox"/> Ivomec - Boehringer Ingelheim	<input type="checkbox"/> Dectomax - Zoetis
<input type="checkbox"/> Eprinex - Boehringer Ingelheim	<input type="checkbox"/> Long Range - Boehringer Ingelheim	<input type="checkbox"/> Other: _____
Date Administered: _____	Lot/Serial: _____	Expiration Date: _____

## Implant

NO  YES, *provide product information* Product Name: \_\_\_\_\_  
Date Inserted: \_\_\_\_\_ Lot/Serial: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Kentucky Certified Preconditioned for Health Sale Requirements

#### Nutrition

- Trained to eat feed from a bunk and drink water from a trough. (Do not overfeed! Fleshy calves should be avoided and are likely to be discounted.)
- Free choice salt and mineral supplement which contains a minimum of 1,400 ppm copper (not oxide), 26 ppm selenium, 3,000 ppm zinc, 3,000 ppm manganese, and 18 - 25% No other salt available.
- It is recommended to provide high quality, high energy rations first 3-5 days post-weaning.

#### Health Records

- Complete, sign and submit to Blue Grass Stockyards this sale certification form regarding the name of vaccines, lot or serial number and dates of administration.

#### Processing

- All bull calves must be completely castrated and healed (knife castration at or prior to weaning is strongly recommended). Late castrated calves may lead to stags. Calves appearing to be stags at grading will sell as outs. Calves identified as stags or bulls after the sale will require reimbursement to the buyer.
- HORNS: All cattle will be dehorned, smooth headed and healed or polled. NO EXCEPTIONS!
- Administration of vaccine:
  1. Use the neck area for intramuscular injections
  2. Use subcutaneous injection if labeled on product which also should be given in the neck area.
  3. Follow label directions and handle vaccines properly.

#### Ear Tags

- KY CPH-45 tags are required on all cattle and may be ordered from the Kentucky Beef Network.

#### ALL SALES ARE ABSOLUTE!

- **Heifers are guaranteed open at time of sale and steers are guaranteed not to be bulls/stags.** Seller agrees to reimburse buyer \$200.00 for pregnant heifers or bulls/stags. All claims must be properly verified by a veterinarian within four (4) months of sale.

**REQUIRED:** These cattle have been preconditioned to the above requirements to the best of my ability and knowledge, and the above information is accurate.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**REQUIRED:** I certify that *I have inspected the cattle* represented on this certificate and they were observed to be weaned, eating feed from a bunk and drinking water from a trough. *They are being fed a mineral supplement that meets the requirements listed above.*

\_\_\_\_\_  
Signature of County Extension Agent

\_\_\_\_\_  
Date