LMA-VACC Program Certification
Guidelines & Certification Form

Holton Livestock Exchange, Inc.
13788 K-16 Hwy, Holton, KS 66436
Phone: 785-364-4114 Fax: 785-364-3088

Consignor/Owner:	**Address:**
Phone Number:	**No. of Certified Animals:**
Tag No's:	**No. of Steers:** **No. Of Heifers:**

Program Requirements - ***In each level at least one round of vaccinations must be administered by a vet.***

Level 1: All calves must receive one full round of vaccinations for 4-Way Virus vaccine, 7-Way Clostridial + Hemophilus somnus, Pasteurella, Internal and External parasite controls no more than 90 days but at least 14 days prior to sale. ***Weaned calves must have been weaned a minimum of 30 days at sale time.***

Level 2: All calves must receive one full round of vaccinations for 4-Way Virus vaccine, 7-Way Clostridial + Hemophilus somnus, Pasteurella, Internal and External parasite controls with complete round of boosters no more than 90 days but at least 14 days prior to sale. Spring vaccinations are acceptable for first full round but do not qualify with out boosters. Calves selling in the January LMA-VACC sale must have received at least 2 rounds of vaccinations in the fall with the final round being administered no more than 90 days but at least 14 days prior to sale. ***Weaned calves must have been weaned a minimum of 30 days at sale time, these animals will qualify as level 3.***

Level 3: All calves must receive one full round of vaccinations for 4-Way Virus vaccine, 7-Way Clostridial + Hemophilus somnus, Pasteurella, Internal and External parasite controls with complete round of boosters no more than 90 days but at least 14 days prior to sale. Spring vaccinations are acceptable for first full round but do not qualify with out boosters. Calves selling in the January LMA-VACC sale must have received at least 2 rounds of vaccinations in the fall with the final round being administered no more than 90 days but at least 14 days prior to sale. ***Calves must be weaned a minimum of 30 days at sale time.***

Intended program level at sale time:	**Intended date of sale:**
Date Completed Level 1:	**Date Completed Spring Vaccinations:**
Date Completed Level 2 Boosters:	**Date Weaned:**

☐ Four-Way Virus Vaccine for IBR-PI3-BVD-BRSV *Required for Level 1, spring shot and booster required for Level 2*
Product Used: **Exp. Date:** **Lot/Serial #:**
Where Purchased: **Where Administered on animal:**

☐ 7-Way Clostridial + Hemophilus Somnus *Required for Level 1, spring shot and booster required for Level 2*
Product Used: **Exp. Date:** **Lot/Serial #:**
Where Purchased: **Where Administered on animal:**

☐ Pasteurella *Required for Level 1, spring shot and booster required for Level 2*
Product Used: **Exp. Date:** **Lot/Serial #:**
Where Purchased: **Where Administered on animal:**

☐ External and Internal parasite control administered - *Parasite controls required for Level 1, 2 and 3*

All applicants must complete the following to be eligible for any level of the program:

☐ Use subcutaneous injection, if permitted on label, to reduce injection site blemishes
☐ Administer all shots in the neck area or as label directs
☐ Provide adequate nutrition, including minerals and trace minerals
☐ Identify each calf with the market supplied LMA-VACC ear tag
☐ Knife cut or properly band all bull calves prior to or at weaning - ***Date Castrated:***
☐ All heifers are open
☐ Dehorn or tip horns prior to or at weaning
☐ Certify ownership of calves for a minimum of 45 days
☐ All calves have been born and raised in the United States of America

Source Verification:
I certify that these calves are ***home raised*** (*Please check*): _____ YES _____NO.
I certify that I have owned these calves ***for at least 45 days and background info is included.*** _____ YES _____NO (background info is not available).

Certification:
I certify that the calves described on this form were born in and have been raised in, the United States of America; that I have owned these calves for at least 45 days. If noted in the source verification area I certify that these calves are home raised or I have owned these calves for at least 45 days and am providing background information. I further certify that the calves described on this form meet the requirements of the LMA VACC program and that all of the information on this form is true and accurate. I agree to reimburse the purchaser for any animal that does not comply with the representations set forth above. I agree to indemnify LMA and the above named market against all claims, losses, cost and expenses, including reasonable attorneys fees that arise out of or relate to this certification.

Signature of Owner Date Signature of Veterinarian Date