

East Tennessee Livestock Center/Smoky Mountain Feeder Calf Assn.

Premium Sales

Vaccination Record

(Enter product used and date used)

1st Shot (Respiratory) (calves still on cow)	Product Used: _____ Date Given: ____/____/____
or	
1st Shot (Respiratory) (calves are weaned)	Product Used: _____ Date Given: ____/____/____
and	
2nd Shot (Respiratory) (calves MUST be weaned)	Product Used: _____ Date Given: ____/____/____
and	
7-way Clostridial (2 shots required unless using one shot only product such as Alpha 7)	Product Used: _____ 1st round: Date Given: ____/____/____ 2nd round: Date Given: ____/____/____
and	
Wormer	Product Used: _____ Date Given: ____/____/____

- East Tennessee Livestock Center recommends using products from the same company whenever possible.
- All calves must be weaned before second shot

**East Tennessee Livestock Center/Smoky Mountain Feeder Calf Assn.
Sweetwater, Tennessee
Premium Sale Enrollment Form**

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Producer: _____ Telephone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Premise ID: _____

Sale date: _____ Weaning Date: _____ # of steers: _____ # of heifers: _____
(45 days before sale minimum)

Circle the other management practices or information that applies and give date (if applicable):

Castrated _____ Dehorned _____ Bunkbroke _____ Implanted _____

Home raised or Backgrouww

I have read and understand the requirements of the East Tennessee Livestock Center/Smoky Mountain Feeder Calf Association Premium sales. I certify the calves listed above meet the requirements of the program and that all products have been administered according to label directions and BQA guidelines.

Signature of owner

Farm Name if Used

Date