

Ranch Name:	Add	dress:
Contact Name:	City	<i>f</i> :
Telephone:	Stat	re: Zip:
Email:		
No. of Head: Breed:		
Gender: Steer	☐ Heifer ☐ Mixed BQA (	Certification Number:
The calves listed on this certificate have completed the health requirements for the following Merck Animal Health preconditioning program.	Respiratory  In this certificate ave completed the earth requirements or the following Merck Animal Health reconditioning rogram.  Respiratory  Bovilis* Vista* Once SQ  Bovilis* Vista* 5 SQ  Bovilis* Vista* BVD CFP  Bovilis* Once PMH* IN  Bovilis* Once PMH* SQ  Bovilis* Nasalgen* 3	RECOMMENDED Internal Parasite  Panacur* (fenbendazole) Safe-Guard* (fenbendazole) External Parasite Ultra Boss* Pour-On Ultra Saber* Pour-On Implants Ralgro* (zeranol implants)
PrimeVAC* 24 PrimeVAC* 34 PrimeVAC* 45 PrimeVAC* Heifer	Blackleg  Bovilis* Vision* 7  Bovilis* Vision* 7 Somnus  Bovilis* Vision* 8  Bovilis* Vision* 8 Somnus  Bovilis* 20/20 Vision*  Bovilis* Covexin* 8  Bovilis* Cavalry* 9	Revalor*-G (trenbolone acetate and estradiol implants)  Pinkeye  Bovilis* Piliguard* Pinkeye  Bovilis* 20/20 Vision* 7 with Spur*  Reproductive  Bovilis* Vista* BVD CFP SQ  Bovilis* Vista* 5 L5  Bovilis* Vista* 5 VL5
Certified by:  Owner Name:		
Owner Signature:		
Date:		
Certified by:		
Veterinarian Name:		
VeterinarianSignature	9:	
Date:		

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