

**STOCKMENS LIVESTOCK EXCHANGE**

PO BOX 1209 DICKINSON ND 58602

(701) 225-8156 OR (800) 472-2667

**CERTIFICATE OF VACCINATION and COUNTRY OF ORIGIN DECLARATION**

Consignor name \_\_\_\_\_ Load# \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ Number of cattle \_\_\_\_\_

Cattle description \_\_\_\_\_

**Spring Vaccinations**

Clostridial 7 way name: \_\_\_\_\_ Date given: \_\_\_\_\_

4-way or 5-way name: \_\_\_\_\_ Date given: \_\_\_\_\_

Pasteurella Shot name: \_\_\_\_\_ Date given: \_\_\_\_\_

Additional Shots: \_\_\_\_\_

**Fall Vaccinations**

Clostridial 7 way name: \_\_\_\_\_ Date given: \_\_\_\_\_

4-way or 5-way name: \_\_\_\_\_ Date given: \_\_\_\_\_

Pasteurella Shot name: \_\_\_\_\_ Date given: \_\_\_\_\_

Additional Shots: \_\_\_\_\_

**Weaning Vaccinations**

Clostridial 7 way name: \_\_\_\_\_ Date given: \_\_\_\_\_

4-way or 5-way name: \_\_\_\_\_ Date given: \_\_\_\_\_

Pasteurella Shot name: \_\_\_\_\_ Date given: \_\_\_\_\_

Additional Shots: \_\_\_\_\_

Date Weaned: \_\_\_\_\_

**Additional Information**

**Creep Fed:** YES or NO      **Bovatec or Rumensin** in creep feed?: YES or NO

**Knife Cut** or **Banded**

**Implanted:** YES or NO      If yes, Date when last implanted. \_\_\_\_\_

**Dewormer** or **Pour-on:** \_\_\_\_\_ Date given \_\_\_\_\_

**Source Verification**

**Home Raised** or **Purchased** or **Both**

**Date first calf was born:** (if home raised) \_\_\_\_\_

**EID Tagged:** YES or NO      **Program Name:** \_\_\_\_\_

I attest that all livestock referenced by this document are of United States Origin.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Consignors signature