



# CERTIFIED CALF PRECONDITIONING ENROLLMENT FORM

Prime your operation for greater profit by enhancing the value of your calves with Prime Protection™ the Fort Dodge Animal Health preconditioning program featuring the leading livestock products you trust. Plus, proven value-added health protocols and professional expertise.

For certification, simply fill out this convenient form, using black or blue ink only. For each product used, enter the date administered in the appropriate column. Remember, Fort Dodge Animal Health products must be used, except for clostridials, otherwise calves cannot receive Fort Dodge Animal Health Prime Protection Certification.

PROJECTED SALE DATE  /  /

Producer Name \_\_\_\_\_  
Operation Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail Address \_\_\_\_\_

## REQUIRED Cattle Management

- Weaned** (45-day minimum recommended)  
Date weaned \_\_\_\_\_
- Castrated and Dehorned or Tipped**  
Date of procedure \_\_\_\_\_
- Adjusted to feedbunk**  
Number of days \_\_\_\_\_
- Adjusted to water tank**  
Number of days \_\_\_\_\_

## REQUIRED Cattle Description

Breed \_\_\_\_\_  
Number of Steers \_\_\_\_\_  
Number of Heifers \_\_\_\_\_  
Oldest Calf Birth (mm/yy) \_\_\_\_\_

**INSTRUCTIONS:** Please use either the Pre-Weaning / Booster At Weaning OR the Weaning / Booster After Weaning columns. Please indicate products administered by filling in the date of administration for each product.

REQUIRED HEALTH TREATMENTS	PRODUCTS ADMINISTERED	PRE-WEANING	BOOSTER AT WEANING	WEANING	BOOSTER AFTER WEANING
		(2-4 WEEKS BEFORE WEANING)			(2-3 WEEKS POST WEANING)
<b>RESPIRATORY VIRAL VACCINES</b> IBR, PI <sub>3</sub> , BVD, BRSV (select ONE vaccine)	<b>Triangle 4 + Type II BVD</b>	Date _____	Date _____	Date _____	Date _____
	<b>PYRAMID 5</b>	Date _____	Date _____	Date _____	Date _____
	<b>PYRAMID 5 + Presponse SQ</b>	Date _____	Date _____	Date _____	Date _____
	<b>PYRAMID 10</b>	Date _____	Date _____	Date _____	Date _____
<b>RESPIRATORY BACTERIAL VACCINES*</b> Pasteurella pneumonia (select ONE vaccine) <small>*Not necessary if PYRAMID 5 + Presponse SQ is used as a respiratory vaccine in weaning protocol</small>	<b>PRISM 5</b>	Date _____	Date _____	Date _____	Date _____
	<b>Presponse SQ</b>	Date _____	Date _____	Date _____	Date _____
	<b>Presponse HM</b>	Date _____	Date _____	Date _____	Date _____
<b>PARASITE CONTROL</b> (select ONE product)	<b>CYDECTIN Pour-On</b>	Date _____	Date _____	Date _____	Date _____
	<b>CYDECTIN Injectable</b>	Date _____	Date _____	Date _____	Date _____
<b>CLOSTRIDIAL/BLACKLEG</b> (write in ONE vaccine)	_____	Date _____	Date _____	Date _____	Date _____
	_____	Date _____	Date _____	Date _____	Date _____
OPTIONAL HEALTH TREATMENTS	PRODUCTS ADMINISTERED	PRE-WEANING	BOOSTER AT WEANING	WEANING	BOOSTER AFTER WEANING
<b>LEPTOSPIROSIS</b> Used in place of Respiratory Viral Vaccines listed above. (select ONE vaccine)	<b>Triangle 9 + Type II BVD</b>	Date _____	Date _____	Date _____	Date _____
	<b>PYRAMID 10</b>	Date _____	Date _____	Date _____	Date _____
<b>HAEMOPHILUS SOMNUS</b> (select ONE vaccine)	<b>Triangle 4 + HS</b>	Date _____	Date _____	Date _____	Date _____
	<b>Triangle 4 + PH/HS</b>	Date _____	Date _____	Date _____	Date _____
	<b>Triangle 9 + HS</b>	Date _____	Date _____	Date _____	Date _____
<b>GROWTH PROMOTING IMPLANTS</b>	<b>SYNOVEX C</b>	Date _____	Date _____	Date _____	Date _____
	_____	Date _____	Date _____	Date _____	Date _____

**CERTIFICATION** I certify that calves listed on this record have been treated as indicated and that proof of compliance may be required.

**Veterinarian / Owner / Operator signature and date**

White copy (original) – Keep with cattle

Pink copy – Keep with veterinarian

Yellow copy – Keep with owner





Fort Dodge Animal Health Prime Protection Certification shows that calves have been weaned and preconditioned, received a proven protocol of health care and are ready to perform. This certification can enhance the value of your calves by proving their health status with a veterinarian's signature.

Program Requirements<sup>1</sup>

- Vaccination against respiratory viral infections (IBR, PI3, BVD, BSRV) with ONE of the following:
  - Triangle<sup>®</sup> 4 + Type II BVD  
*or*
  - PYRAMID<sup>®</sup> 5  
*or*
  - PYRAMID<sup>®</sup> 5 + Prespense<sup>®</sup> SQ  
*or*
  - PYRAMID<sup>®</sup> 10  
*or*
  - PRISM<sup>™</sup> 5
- Vaccination against respiratory bacterial infections (Pasteurella pneumonia) with ONE of the following:
  - Prespense<sup>®</sup> SQ  
*or*
  - Prespense<sup>®</sup> HM  
(Not necessary if PYRAMID 5 + Prespense SQ is used as respiratory vaccine in weaning protocol)
- Treatment for internal and external parasites with ONE of the following:
  - CYDECTIN<sup>®</sup> (moxidectin) Pour-On  
*or*
  - CYDECTIN<sup>®</sup> (moxidectin) Injectable
- Vaccination against clostridial infections
- OPTIONAL vaccination against leptospirosis with ONE of the following:
  - Triangle<sup>®</sup> 9 + Type II BVD  
*or*
  - PYRAMID 10
- OPTIONAL vaccination against *Haemophilus somnus* with ONE of the following:
  - Triangle<sup>®</sup> 4 + HS  
*or*
  - Triangle<sup>®</sup> 4 + PH/HS  
*or*
  - Triangle<sup>®</sup> 9 + HS
- Weaned (45-day minimum)
- Adjusted to feedbunk
- Adjusted to water tank
- Castrated and dehorned or tipped
- Veterinarian certified

For more information about the Fort Dodge Animal Health Prime Protection Program, qualifying products and protocols, visit [www.fortdodgelivestock.com](http://www.fortdodgelivestock.com) or contact your Fort Dodge Animal Health representative or local veterinarian.

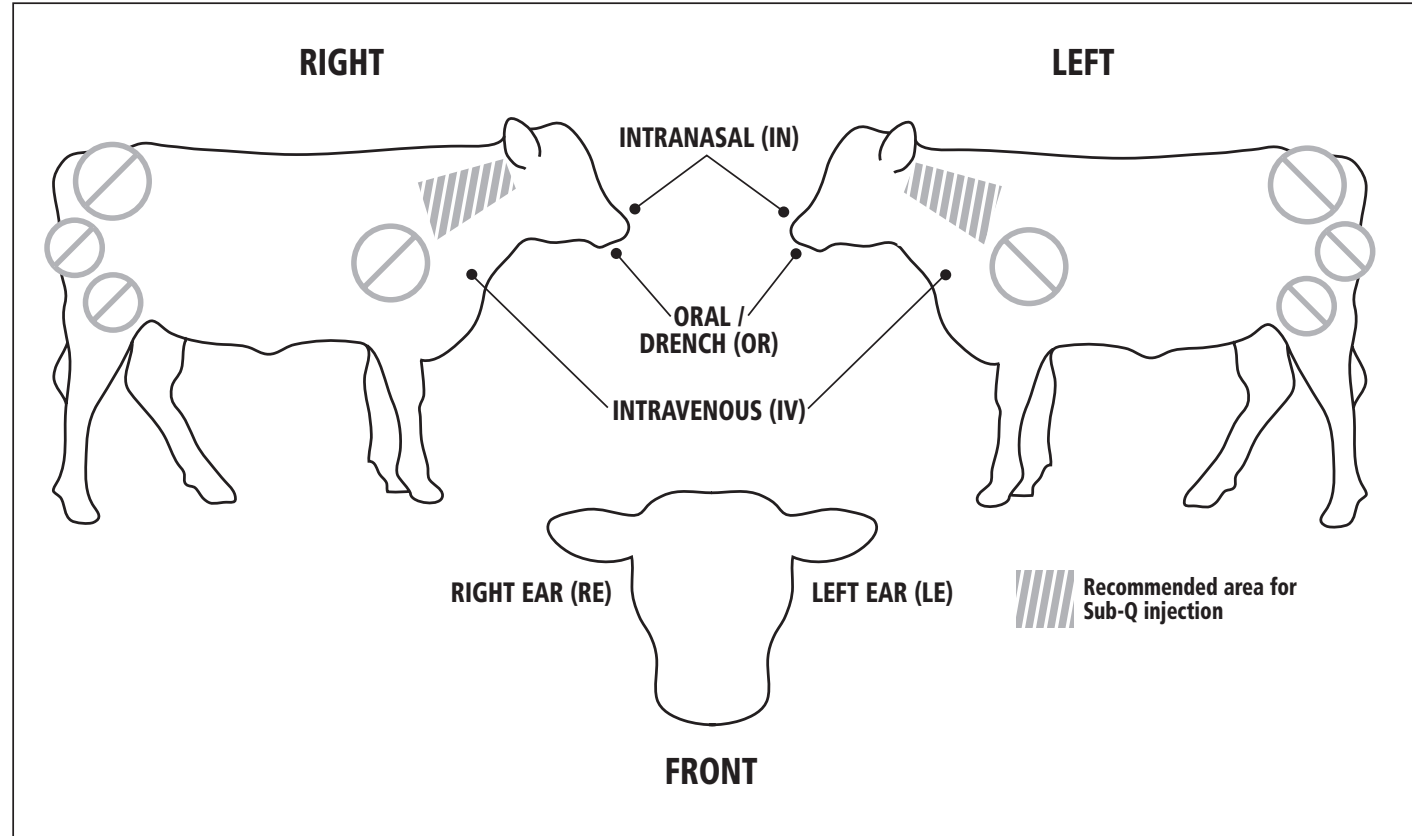
<sup>1</sup>All products must be used according to label instructions.

All product names are trademarks or registered trademarks of their respective owners.

# CERTIFIED PROCESSING MAP

SELECT SUB-Q PRODUCTS WHEN POSSIBLE.

**NEVER GIVE INJECTIONS IN THE SHOULDER, REAR LEG OR THE TOP BUTT.**



## Prime Protection Efficacy and Statement of Assurance

Producers following a Prime Protection protocol who treat with Fort Dodge Animal Health viral and pasteurella vaccines, SYNOVEX<sup>®</sup> implants and CYDECTIN<sup>®</sup> parasite control, have direct access to Fort Dodge Animal Health technical support professionals. If health issues should arise, Fort Dodge Animal Health, in cooperation with the producer and his/her local veterinarian, will provide technical assistance and diagnostic support to establish an appropriate solution. For more information, contact your Fort Dodge Animal Health representative or call Fort Dodge Professional Services at 1-800-533-8536.

