

York Animal Hospital, Inc.
Drs. Michael E. Mull & Jean M. Murphy
1184 West Main Street
Bellevue, Ohio 44811
419-483-7480 (phone)
e-mail: info@yorkanimalhosp.com

2020 ERIE COUNTY FAIR
FEEDER CALF VACCINATION FORM

Because of Covid-19 there will be no tag-in/vaccinations at the fairgrounds as in years past. However, all feeder calves exhibited at the Erie County Fair must receive two doses of the following vaccines:

**IBR, BVD, PI3, BRSV (4 way), and
Pasteurella (Mannheimia)**

Each calf needs to have a booster vaccination given 2 to 4 weeks after the first vaccination in order to provide proper immunity against these respiratory pathogens. The second dose needs to be given no later than **July 15th**. Exhibitors will be responsible for vaccinating their own calves this year. Any approved vaccination will be acceptable as long as it contains the respiratory pathogens listed above. Vaccine will be available at York Animal Hospital if necessary, but you are not required to purchase vaccinations through York Animal Hospital. This form needs to be signed and dated by the exhibitor and the person administering the vaccination on the date the vaccine is given. The vaccine should be given according to label directions in a manner consistent with Quality Assurance guidelines. **The vaccine must be kept refrigerated until used.** Slaughter withdrawal for the vaccine should be recorded.

Feeder calves will not be allowed into the fair without this form. Feeder calves will be inspected at the fair, and must be free of warts, ringworm, and clinical signs of infectious and contagious disease or they will not be permitted to enter the fair. Feeder calves must also have no horns or testicular tissue. Please take the proper steps to assure your calf will be eligible for entry into the fair.

All feeder calves will also be given a nasal vaccination by the fair veterinarian upon arrival to the fair to provide the most immunity possible to achieve a healthy atmosphere at the fair.

4-H Member's Name _____

4-H Club or FFA Chapter Name _____

Feeder Calf Tag # _____

4-H Member's Signature _____

	Date	Product Used	Withdrawal	Signature
1 st Vaccination	_____	_____	_____	_____
2nd Vaccination	_____	_____	_____	_____