

## PRODUCER AFFIDAVIT

Ranch Name:	Address:	
Contact Name:	City:	
Telephone:	State:	Zip:
Email:		
No. of Head:	Breed:	Color:
Gender: 🗆 Steer 🗆 Heifer 🗆	Mixed	
The calves listed on this certificate have completed	PROTECTION	CONTROL
the health requirements for the following Merck Animal Health preconditioning program.	Respiratory	Internal Parasite
	□ Vista® Once SQ	$\square$ Panacur $^{\otimes}$ Suspension
PROGRAM	□ Once PMH® IN	$\square$ Safe-Guard $^{\circ}$ Suspension
□ PrimeVAC 24	□ Once PMH SQ	External Parasite
□ PrimeVAC 34	□ Vista 5 SQ	□ Ultra Boss® Pour-On Insecticide
☐ PrimeVAC 34 Premium	Reproductive	□ Ultra Saber® Pour-On
□ PrimeVAC 45	□ Vista 5 VL5 SQ	
☐ PrimeVAC 45 Premium	Blackleg	
☐ PrimeVAC Precon	□ Vision® 7	PERFORMANCE
□ PrimeVAC Heifer	□ Vision 7 Somnus	Implants
	□ Vision 8	□ Ralgro®
	□ Vision 8 Somnus	□ Revalor®-G
	□ Cavalry® 9	
Additional Notes:		
Verified by:		
Owner Name:		
Owner Signature:		Date:

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