



**IOWA GREEN TAG PRECONDITIONING CERTIFICATE**  
**IOWA VETERINARY MEDICAL ASSOCIATION**  
**IOWA CATTLEMEN'S ASSOCIATION**  
**CERTIFICATE NUMBER: 10-IA-PC2000111**



**Producer/Owner:** Owner, Sample  
**Address:** 10 Example Street , Ames, IA 55555  
**Sale Location:**  
**Breed:** Angus  
**IVMA PC Tag Nos.:** A100, A101, A102, A103, A104, A105, A106, A107, A108, A109, A110, A111, A112, A113, A114, A115

**Premise ID:**  
**Phone:** 555-555-5555  
**Total Head:** 16

**THIS CERTIFICATE IS VALID AS OF 5/4/10**

**NOTICE:** Certificate not to be provided to owner until **30 days** AFTER weaning. **If available BQA Certification No.:** N/A  
**Home Raised:** Yes **Calving start date (month/year):** 01/2009 **Age Verifiable:** Yes **Source Verifiable:** Yes  
**Date Weaned:** 10/1/09 **Ration during weaning period:** hay and corn

**Other Owner Comments:**  
 I certify that these cattle have been weaned 30 days and that I have owned them at least 60 days.

**SELLER: PLEASE FORWARD THIS INFORMATION TO THE NEW OWNER.** \_\_\_\_\_  
 Owner signature

Vaccine administration must follow BQA guidelines. Vaccines must be given subcutaneously if permitted on product label. Revaccination recommended per vaccine label instructions. First vaccination and mandatory procedures required at least 3 weeks prior to shipment.  
 Calves must be at least 4 months of age before first vaccination.

MANDATORY	1st Vaccination (Required)		OPTIONAL	2nd Vaccination (Optional)	
	Date	Product Name and Mfg.		Date	Product Name and Mfg.
	Clostridial Group (7-way)	10/1/09 20/20 Vision 7 - Intervet Inc.			
	Haemophilus somnus	10/1/09 Express 5-HS - Boehringer Ingelheim			
	IBR	10/1/09 Bovi-Shield Gold FP 5 - Pfizer Inc.			
	PI-3	10/1/09 Bovi-Shield Gold FP 5 - Pfizer Inc.			
	BVD	10/1/09 Bovi-Shield Gold FP 5 - Pfizer Inc.			
	BRSV	10/1/09 Bovi-Shield Gold FP 5 - Pfizer Inc.			

MANDATORY	Date	Method Used or Product Name and Mfg.	Performed by	Date confirmed by DVM
		Castrated	10/1/09 Cut	Vet
	Dehorned	Polled		10/1/09
	Grub/Lice (Aug.1-Nov.15)	10/1/09 Ivermectin pour-on		
	Lice (after Nov.15)			
	Int. Parasite Treatment	10/1/09 Ivermectin pour-on		

OPTIONAL	Date	Product Name and Mfg.
		Steer implant
	Heifer implant	
	Mannheimia/Pasteurella	
	Brucellosis Treatment	
	Other (specify)	
	Other (specify)	

To the best of my knowledge this an accurate statement of the procedures performed on these calves.

GlobalVetlink, LC 3 **Date Issued:** 5/4/10  
 Demo Vet, DVM  
 2625 N. Loop Dr.  
 Sample City, IA 01111 (555-555-5555)

Veterinarian Signature \_\_\_\_\_  
 Requirements of the PC program are determined by a joint effort of the IVMA and ICA. The above veterinarian has agreed to the rules set by the IVMA. The IVMA and ICA are not responsible or liable for services rendered by this veterinarian. No warranty of health performance is given or implied.  
 Revised June, 2007. All previous certificates obsolete. © IA. VMA