

**Visalia Livestock Market Value Added Program Card
(Send This Card or Copy With Calves When Sold)**

Please select one program: _____ Basic Vac* _____ Premium Vac** (followed VLM protocol)

Date Vaccinated	No Head	Product	Route of Admin. Location of shot

Please circle if applicable NO Implants NO Antibiotics Age & Source Bangs Vac.

Comments _____

Name _____ Phone _____

Date Weaned _____ Type of Feed _____

I agree that by signing this affidavit that all shots listed above have been administered properly and that I have followed all guidelines set by Visalia Livestock Market and their vaccination program.

Signature _____ Date _____

**Visalia Livestock Market Value Added Program Card
(Send This Card or Copy With Calves When Sold)**

Please select one program: _____ Basic Vac* _____ Premium Vac** (followed VLM protocol)

Date Vaccinated	No Head	Product	Route of Admin. Location of shot

Please circle if applicable NO Implants NO Antibiotics Age & Source Bangs Vac.

Comments _____

Name _____ Phone _____

Date Weaned _____ Type of Feed _____

I agree that by signing this affidavit that all shots listed above have been administered properly and that I have followed all guidelines set by Visalia Livestock Market and their vaccination program.

Signature _____ Date _____