

A VETERINARIAN-VERIFIED

BEEF

REPLACEMENT HEIFER HEALTH PROGRAM



Healthy Heifer™

Both you and your producers will appreciate how Healthy Heifer™ can add long-term value to their beef herds. This unique program includes established vaccination and management protocols that are outlined below. To officially include heifers in the program you'll need to complete all the information below, as well as the verification form on back, and return it to Novartis Animal Health.

Overview of Healthy Heifer Vaccination and Management Protocols

Timing	Vaccination & Management Recommendations*
Birth	Bovine Ecolizer®+C20 (ASAP after birth or mother previously vaccinated with Scour Bos® 9) <i>Dip navel with tincture of iodine</i>
Months 1 – 3	Clostri Shield® 7 (2 doses), Pinkeye Shield® XT4 Optional: Mannheimia/Pasteurella <i>Internal and external parasite control</i> <i>Dehorn</i> <i>Identify and tag</i>
Preweaning/ Weaning	Inactivated Approach: Vira Shield® 6+L5 HB or Vira Shield 6+VL5 HB (2 doses) <i>Internal and external parasite control</i> MLV Approach: Arsenal® 4.1 and ReproSTAR® L5 HB or ReproSTAR VL5 HB (2 doses) <i>Internal and external parasite control</i>
Prebreeding	Inactivated Approach: Vira Shield 6+L5 HB or Vira Shield 6+VL5 HB (annual revaccination) and Clostri Shield 7 (annual revaccination) <i>Internal and external parasite control</i> <i>Mineral and vitamin supplements as appropriate for geography</i> MLV Approach: Arsenal 4.1, ReproSTAR VL5 HB (annual revaccination) and Clostri Shield 7 (annual revaccination) <i>Internal and external parasite control</i> <i>Mineral and vitamin supplements as appropriate for geography</i>
Preg-Check	Scour Bos 9 Scour Bos 4 (year 1 only) <i>Internal and external parasite control</i> <i>Preg-check and physical exam for cows</i> <i>Cull based on pregnancy status, fitness and performance</i> <i>Feed for Body Condition Score 6 or higher</i> <i>Mineral and vitamin supplements as appropriate for geography</i> <i>Provide clean, open space</i> <i>Keep calving area, facilities and equipment clean</i> <i>Offer calving assistance when needed</i> <i>Separate cows that have calved—provide feed with adequate energy</i>

Vaccines and health management products addressing health concerns in addition to those covered here are not required, but may be vet-verified and recorded under the Healthy Heifer program. Visit the vet-secure area of www.healthyheifer.com to download an additional form verifying the administration of such products.

Producer Name (First and Last).....

Size of Herd..... Number of Heifers Verifying.....

Beef Operation Name.....

Street Address.....

City..... State..... ZIP.....

Telephone..... E-mail.....

Please check all that apply:

Implants

ID Tags

Bunk Broke

Dehorned

BQA Guidelines Followed

Veterinarian Name (First and Last).....

Number of Vets Employed at Practice.....

Primary Practice Focus.....

Practice Name.....

Street Address.....

City..... State..... ZIP.....

Telephone..... E-mail.....

Veterinarian Verification of Vaccine Administrations

Use the following chart as a roadmap to the essential vaccines of the Healthy Heifer program. Check the column beside each vaccine used and fill in the details as indicated under the appropriate administration window. **The vaccines denoted below are required to be eligible for Healthy Heifer ear tags.**

Vaccine Administered*	Check if Used	Birth	Months 1 – 3	Prewaning/ Weaning	Prebreeding	Preg-Check
Bovine Ecolizer+C20		Date Given: Lot #:				
Clostri Shield 7 (2 doses)			Initial Dose Date Given: Lot #: Booster Dose Date Given: Lot #:		Annual Revaccination Date Given: Lot #:	
Pinkeye Shield XT4			Date Given: Lot #:			
Mannheimia/Pasteurella			Date Given: Lot #:			
Required for Healthy Heifer ear tags				Initial Dose Date Given: Lot #: Booster Dose Date Given: Lot #:	Annual Revaccination Date Given: Lot #:	
				Initial Dose Date Given: Lot #: Booster Dose Date Given: Lot #:	Annual Revaccination Date Given: Lot #:	
				Initial Dose Date Given: Lot #: Booster Dose Date Given: Lot #:	Annual Revaccination Date Given: Lot #:	
						Date Given: Lot #:
						Date Given: Lot #:

I verify the heifers listed on this form meet the requirements of Novartis Animal Health's Healthy Heifer vaccination protocol. I understand proof of compliance may be required. I have also communicated the recommended management practices to the participating producer.

Veterinarian Signature..... Date.....

Return your completed form to Novartis Animal Health, P.O. Box 614, Hartland, WI 53029 or send via fax to (262) 563-5101. For more information regarding qualifying products or to submit your form online, visit www.healthyheifer.com.

*Consult your veterinarian. Vaccinate annually and follow booster recommendations.
All products must be used according to label instructions. Be sure to follow Beef Quality Assurance (BQA) guidelines.

