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# Healthy Cow™



A veterinarian-certified, beef cow health management plan that will offer disease protection to brood cows and their calves. Flexible considerations address cows that are ranch-raised with a health history, as well as cows that have been purchased without a health history.





Novartis

## Certified Beef Cow Health Program

Follow these steps for certification. **Novartis products must be used where indicated, otherwise cows will not qualify for this program.** *Please fill out this form completely with black or blue ink.*

### **PRODUCER/RANCH**

Number of cows certifying \_\_\_\_\_.

Producer Name \_\_\_\_\_

First

Last

Ranch Name \_\_\_\_\_.

Street Address \_\_\_\_\_.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_.

Telephone \_\_\_\_\_.

E-Mail Address \_\_\_\_\_.

### **VETERINARY PRACTICE**

Veterinarian Name \_\_\_\_\_.

First

Last

Practice Name \_\_\_\_\_.

Street Address \_\_\_\_\_.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_.

Telephone \_\_\_\_\_.

E-Mail Address \_\_\_\_\_.

### **ANIMAL HEALTH SUPPLIER**

Animal Health Supplier \_\_\_\_\_.

First

Last

Company Name \_\_\_\_\_.

Street Address \_\_\_\_\_.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_.

Telephone \_\_\_\_\_.

E-Mail Address \_\_\_\_\_.

### **SELECT REPLACEMENT COW SALE**

Name of Sale \_\_\_\_\_.

Cow Marketing Rep \_\_\_\_\_.

Sale Location: \_\_\_\_\_.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_.

Sale Date \_\_\_\_\_.

\_\_\_\_\_.

**Compliance List: Healthy Cow**Vira Shield<sup>®</sup> 6 +L5 HB\*Enter admin. dates (mm/dd/yy): 60 days Prebreeding \_\_\_\_\_  
Lot # \_\_\_\_\_ . Exp date \_\_\_\_\_**AND**Vira Shield<sup>®</sup> 6 +VL5 HBEnter admin. dates (mm/dd/yy): 30 days Prebreeding \_\_\_\_\_  
Lot # \_\_\_\_\_ . Exp date \_\_\_\_\_**OR**Vira Shield<sup>®</sup> 6 family product\*\* : Product Name: \_\_\_\_\_Enter admin. dates (mm/dd/yy): Preg check \_\_\_\_\_  
Lot # \_\_\_\_\_ . Exp date \_\_\_\_\_**AND**Complete mineral program as recommended by nutritionist or veterinarian  
Internal and External Parasite Control (product and timing recommended by veterinarian)  
Products admin: \_\_\_\_\_Enter admin. dates (mm/dd/yy): Treatment date \_\_\_\_\_  
Lot # \_\_\_\_\_ . Exp date \_\_\_\_\_Clostri Shield<sup>®</sup> 7 (optional use of 8-way clostridial allowed)Enter admin. dates (mm/dd/yy) : 30 days Prebreeding \_\_\_\_\_  
Lot # \_\_\_\_\_ . Exp date \_\_\_\_\_**AND**Pregnancy Examinations: Veterinarian performing exams \_\_\_\_\_ . Date \_\_\_\_\_Scour Bos<sup>®</sup> 9:(Give 8-16 wks before calving or 8-10 wks before calving if previously vaccinated.)Enter admin. date (mm/dd/yy) : \_\_\_\_\_  
Lot # \_\_\_\_\_ . Exp date \_\_\_\_\_Scour Bos<sup>®</sup> 4\*\***If cows are marketed prior to calving, administration of this vaccine is the responsibility of new owner.**Enter admin. date (mm/dd/yy): Precalving (4 wks before calving) \_\_\_\_\_  
Lot # \_\_\_\_\_ . Exp date \_\_\_\_\_\* For cattle not previously immunized with Vira Shield<sup>®</sup> 6 +VL5 HB.\*\* For cattle previously immunized with Vira Shield<sup>®</sup> 6 family product.\*\* If not previously immunized with Scour Bos<sup>®</sup> 4.

I certify that the heifers listed on this form meet the requirements of Novartis Animal Health Healthy Heifer Program.

I understand that proof of compliance may be required. I hereby certify that the information printed on this form is true and accurate.

Producer Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that the heifers listed on this form meet the requirements of Novartis Animal Health Healthy Heifer Program.

I understand that proof of compliance may be required. I hereby certify that the information printed on this form is true and accurate.

Veterinarian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Certified Beef Cow Health Program

### Program Requirements<sup>1</sup>

Qualifying Protocol	Healthy Cow
Internal and External Parasite Control	1 treatment
Clostridial vaccination with Clostri Shield <sup>®</sup> 7 or optional 8-way clostridial with Redwater	1 dose
Viral/Lepto vaccination: Vira Shield <sup>®</sup> 6 +L5 HB, if not current with immunization schedule. or Not required, if current with Vira Shield <sup>®</sup> 6 +L5 HB immunization schedule.	1 dose  or  Not Required
Viral/Vibrio/Lepto vaccination: Vira Shield <sup>®</sup> 6+VL5 HB, if current with Viral/Lepto Immunization schedule.	1 dose
Bacterial/Viral Calf Scours vaccination: Scour Bos <sup>®</sup> 9, if vaccinated in previous years. and Scour Bos <sup>®</sup> 4	Annual Revaccination per label directions and If this is first year of immunization, also needs a booster dose of Scour Bos 4, per label directions
Pregnancy Examination	√
Mineral Program: As recommended by nutritionist or veterinarian	√
Veterinarian Certified	√

Return completed form to your Novartis representative or send via fax (936) 394-3179.

For more information regarding qualifying products and protocols, visit [www.livestock.novartis.com](http://www.livestock.novartis.com) or contact your Novartis Representative or local veterinarian.

<sup>1</sup> All products must be used according to label instructions.