
Healthy Heifer™



A veterinarian-certified, beef heifer health management plan that will offer disease protection to replacement heifers and their calves. Flexible considerations address heifers that are ranch-raised with a preweaning health history, as well as heifers that have been purchased after weaning with no preweaning health history.

Healthy Heifer is a trademark of Novartis AG.



Certified Beef Replacement Heifer Health Program

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

PRODUCER/RANCH

Number of heifers 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 HEIFER SALE

Name of Sale _____.

Heifer Marketing Rep _____.

Sale Location: _____.

City _____ State _____ Zip _____.

Sale Date _____.

Compliance List: Healthy Heifer

Vira Shield[®] 6 +L5 HB

Enter admin. dates (mm/dd/yy): Prewean _____, Wean _____.
 Lot # _____, Exp date _____, Lot # _____, Exp date _____.

OR

Vira Shield[®] 6 +L5 HB

Enter admin. dates (mm/dd/yy): Wean _____, Postwean (4-6 wks) _____.
 Lot # _____, Exp date _____, Lot # _____, Exp date _____.

OR

Arsenal[®] 4.1

Enter admin. dates(mm/dd/yy): Wean _____.
 Lot # _____, Exp date _____.

ReproSTAR[®] L5 HB

Enter admin. dates (mm/dd/yy): Wean _____, Booster (4-6 wks) _____.
 Lot # _____, Exp date _____, 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): Wean _____, Prebreed _____, Preg Check _____.
 Lot # _____, Exp date _____, Lot # _____, Exp date _____, Lot # _____, Exp date _____.

Clostri Shield[®] 7 (optional use of 8-way clostridial allowed)

Enter admin. dates (mm/dd/yy) : Prewean _____, Wean _____, Prebreed _____.
 Lot # _____, Exp date _____, Lot # _____, Exp date _____, Lot # _____, Exp date _____.

Vira Shield[®] 6+VL5 HB

Enter admin. date(mm/dd/yy): Prebreed _____.
 Lot # _____, Exp date _____.

Pregnancy Examinations: Veterinarian performing exams _____, Date _____.

Scour Bos[®] 9

Enter admin. date (mm/dd/yy) : Preg Check (8-16 wks before calving) _____.
 Lot # _____, Exp date _____.

Scour Bos[®] 4

If heifers are marketed prior to calving, administration of this vaccine is the responsibility of the new owner.

Enter admin. date (mm/dd/yy): Precalving (4 wks before calving) _____.
 Lot # _____, Exp 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.

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 Replacement Heifer, Health Program

Healthy
Heifer™

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Program Requirements¹

Qualifying Protocol	Healthy Heifer
Internal and External Parasite Control	3 treatments
Clostridial vaccination with Clostri Shield [®] 7 or optional 8-way clostridial with Redwater	3 doses
Viral/Lepto vaccination: Vira Shield [®] 6 +L5 HB or Arsenal [®] 4.1 and ReproSTAR [®] L5 HB	2 doses 1 dose and 2 doses
Prebreeding Viral/Vibrio/Lepto vaccination: Vira Shield [®] 6+VL5 HB	1 dose
Bacterial/Viral Calf Scours vaccination: Scour Bos [®] 9 and Scour Bos [®] 4	1 dose and 1 dose
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 or contact your Novartis Representative or local veterinarian.

¹ All products must be used according to label instructions.

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Scour Bos[®], Clostri Shield[®], Arsenal[®], ReproSTAR[®], and Vira Shield[®] are trademarks of Novartis AG.