



**Cattle Owner**

Ranch name \_\_\_\_\_  
 Owner/manager \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone¹ \_\_\_\_\_  
 Email¹ \_\_\_\_\_

**Enrollment and marketing information**

Total number of head enrolling: Bulls/Steers \_\_\_\_\_ Heifers \_\_\_\_\_  
 Date of first calf born (mm/dd/yyyy) \_\_\_\_\_  
 Weaning date (mm/dd/yyyy) \_\_\_\_\_  
 Approximate marketing/delivery date (mm/dd/yyyy) \_\_\_\_\_  
(Enrollment information must be received at least two weeks prior to the marketing date in order to guarantee SelectVAC cards will arrive before cattle are marketed.)  
 Approximate sale weight \_\_\_\_\_ lb. to \_\_\_\_\_ lb.  
 Check marketing choice:  Livestock auction market  Video auction  
 Private treaty  Other market name \_\_\_\_\_  
 Livestock auction market name, city and state \_\_\_\_\_

**Administration information**

Label directions should be followed when administering product. Please contact your veterinarian should questions arise about product usage or administration. Write date of administration for each product used in appropriate area (mm/dd/yyyy).

Product Administered	First Administration	Second Administration
BOVI-SHIELD GOLD ONE SHOT®		
CATTLEMASTER® GOLD		
RESVAC® 4/SOMBUBAC®		
INFORCE™ 3		
BOVI-SHIELD GOLD® 5		
ONE SHOT®		
ONE SHOT® BVD		
ONE SHOT ULTRA®*		
ULTRABAC®		
ULTRACHOICE®		
VALBAZEN®		
DECTOMAX®		

**Other information**

Early in life vaccinations or additional products administered \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Affidavit:** I certify that the calves listed meet or will meet SelectVAC requirements and products have been or will be administered according to label directions and BQA guidelines. Proof of purchase required for enrollment. I also certify that the information on this form is true and accurate.

**Signature of enroller required.**

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

**Please choose the location where you would like the SelectVAC® cards sent:**

Ranch/operation  SelectVAC specialist  Veterinarian/herd health advisor  
 SelectVAC specialist or Veterinarian/herd health adviser \_\_\_\_\_  
 Business/clinic name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone¹ \_\_\_\_\_  
 Email¹ \_\_\_\_\_

¹By providing your email address, you are agreeing to receive email communications from Zoetis. We promise to never sell your email address to a third party. Visit [zoetis.com/privacy-policy](http://zoetis.com/privacy-policy) for Zoetis Privacy Policy.

**Select appropriate designation based on the requirements listed on the back of this form:**

- PreVAC™  PreVAC+™  
 WeanVAC™  StockerVAC™

**Management Information \*(circle those that apply)**

Born in the USA	Implanted
Raised in the USA	All Natural
Castrated? (date, surgical elastrator band or clamp)	Branded
Dehorned	Calves produced via AI
Polled	Genetic testing utilized i50K
Bunk Broke	GeneMax
Tank Broke	PredictGEN
Guaranteed Open	Products administered according to BQA
Non-hormone treated	Products administered by or under the direction of a veterinarian

**Additional Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please return documentation and completed form to:**

Zoetis SelectVAC Program  
 P.O. Box 815396  
 Dallas, TX 75381  
 Fax: 888-390-0043

**Or go to [www.selectvac.com](http://www.selectvac.com) to enroll online.  
 Questions? Call 866-267-0405.**

# Flexible health designations. Choose the one that fits your operation and goals.

**PreVAC™**

For calves processed once at the herd of origin, two to six weeks prior to shipment.

### PreVAC requirements, two to six weeks prior to shipment:

- 7- or 8-way clostridial/blackleg vaccine
- IBR-BVD-P1<sub>3</sub>-BRV viral vaccine
- *Mannheimia haemolytica* bacterin

### Product options that meet PreVAC requirements:

- BOVI-SHIELD GOLD 5®
- ONE SHOT ULTRA 7 or ONE SHOT ULTRA 8®
- or
- BOVI-SHIELD GOLD ONE SHOT®
- ULTRACHOICE™ or ULTRABAC™
- or
- INFORCE 3®
- ONE SHOT BVD®
- ULTRACHOICE 7 or ULTRACHOICE 8
- or
- CATTLEMASTER GOLD 5®
- ONE SHOT ULTRA 7 or ONE SHOT ULTRA 8

### Other PreVAC recommended practices:

- Parasite control with DECTOMAX® or VALBAZEN®
- Implant with SYNNOVEX® C

**PreVAC+**

For calves processed twice at the herd of origin, with the last process to include all products.

### STEP 1: PreVAC+ requirements, first processing

- 5-way (IBR-BVD-P1<sub>3</sub>-BRV) viral vaccine
- 7- or 8-way clostridial/blackleg vaccine
- *Mannheimia haemolytica* bacterin\*\* (single administration required, now or two to six weeks prior to shipment)
- Parasite control (single administration required, now or at or near weaning)

now or at or near weaning)

### STEP 2: PreVAC+ requirements, second processing two to six weeks prior to shipment

- Revaccinate with 5-way (IBR-BVD-P1<sub>3</sub>-BRV) viral vaccine (second administration is required)
- 7- or 8-way clostridial/blackleg vaccine
- *Mannheimia haemolytica* bacterin (single administration required; must administer now if administered greater than six weeks earlier)

### Product options that meet PreVAC+ requirements:

- BOVI-SHIELD GOLD 5
- ONE SHOT ULTRA 7 or ONE SHOT ULTRA 8
- or
- BOVI-SHIELD GOLD ONE SHOT
- ULTRACHOICE or ULTRABAC
- or
- INFORCE 3
- ONE SHOT BVD
- ULTRACHOICE 7 or ULTRACHOICE 8
- or
- CATTLEMASTER GOLD 5
- ONE SHOT ULTRA 7 or ONE SHOT ULTRA 8

### Other PreVAC+ recommended practices:

- Parasite control with DECTOMAX or VALBAZEN
- Implant with SYNNOVEX C, SYNNOVEX S or SYNNOVEX H

**WeanVAC™**

For calves processed twice at the herd of origin, with the last processing at or near weaning. Standard management practices suggest the first and second processing should be within an eight-week interval. Calves must be held at the herd of origin for at least 45 days post-weaning.

### STEP 1: WeanVAC requirements, first processing 6 to 8 weeks prior to weaning.

- 5-way (IBR-BVD-P1<sub>3</sub>-BRV) viral vaccine
- 7- or 8-way clostridial/blackleg vaccine
- *Mannheimia haemolytica* bacterin (single administration required, now or two to six weeks prior to shipment)
- Parasite control (single administration required, now or at or near weaning)

### STEP 2: WeanVAC requirements, second processing at or near weaning (calves must be held at the herd of origin for at least 45 days post-weaning)

- Revaccinate with 5-way (IBR-BVD-P1<sub>3</sub>-BRV) viral vaccine (second administration is required)
- 7- or 8-way clostridial/blackleg vaccine
- *Mannheimia haemolytica* bacterin (single administration required; must administer now if administered greater than six weeks earlier)
- Parasite control (single administration required; must administer now if not done during first processing)

### Product options that meet WeanVAC requirements:

- BOVI-SHIELD GOLD 5
- ONE SHOT ULTRA 7 or ONE SHOT ULTRA 8
- DECTOMAX or VALBAZEN
- or
- BOVI-SHIELD GOLD ONE SHOT
- ULTRACHOICE or ULTRABAC
- DECTOMAX or VALBAZEN
- or
- INFORCE 3
- ONE SHOT BVD
- ULTRACHOICE 7 or ULTRACHOICE 8
- DECTOMAX or VALBAZEN
- or
- CATTLEMASTER GOLD 5
- ONE SHOT ULTRA 7 or ONE SHOT ULTRA 8
- DECTOMAX or VALBAZEN

### Other WeanVAC recommended practices:

- Implant with SYNNOVEX C, SYNNOVEX S, SYNNOVEX H or SYNNOVEX ONE GRASS

**StockerVAC™**

For purchased calves processed twice, with the last processing at least 14 days prior to shipment. Standard management practices suggest the first and second processing should be within an eight-week interval. Calves must be held for at least 60 days.

### STEP 1: StockerVAC requirements, first processing

- 5-way (IBR-BVD-P1<sub>3</sub>-BRV) viral vaccine
- 7- or 8-way clostridial/blackleg vaccine
- *Mannheimia haemolytica* bacterin (single administration required, now or at least 14 days prior to shipment)
- Parasite control\* (single administration required, now or at least 14 days prior to shipment)

### STEP 2: StockerVAC requirements, second processing at least 14 days prior to shipment (calves must be held at least 60 days)

- Revaccinate with 5-way (IBR-BVD-P1<sub>3</sub>-BRV) viral vaccine (second administration is required)
- 7- or 8-way clostridial/blackleg vaccine
- *Mannheimia haemolytica* bacterin (single administration required; must administer now if not done during first processing)
- Parasite control (single administration required; must administer now if not done during first processing)

### Product options that meet StockerVAC requirements:

- BOVI-SHIELD GOLD 5
- ONE SHOT ULTRA 7 or ONE SHOT ULTRA 8
- DECTOMAX or VALBAZEN
- or
- BOVI-SHIELD GOLD ONE SHOT
- ULTRACHOICE or ULTRABAC
- DECTOMAX or VALBAZEN
- or
- INFORCE 3
- ONE SHOT BVD
- ULTRACHOICE 7 or ULTRACHOICE 8
- DECTOMAX or VALBAZEN
- or
- CATTLEMASTER GOLD 5
- ONE SHOT ULTRA 7 or ONE SHOT ULTRA 8
- DECTOMAX or VALBAZEN

### Other StockerVAC recommended practices:

- Implant with SYNNOVEX C, SYNNOVEX S, SYNNOVEX H or SYNNOVEX ONE GRASS