The St. Joseph County 4-H dairy feeder steer vaccination requirements are as follows:

All Step 1 vaccinations will be administered at or before the Weigh/Tag/Vaccination/Registration Days (see dates/times below) under the direction of Steve Trattles, 4-H Beef Cattle/Dairy Beef Project Superintendent or as noted in the 4-H Dairy Feeder Steer Project Information Letter.

### The four (4) diseases that must be covered by the Step 1, 2 vaccines are as follows:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Disease Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>IBR</td>
<td>Infectious Bovine Rhinotracheitis</td>
</tr>
<tr>
<td>BVD</td>
<td>Bovine Viral Diarrhea</td>
</tr>
<tr>
<td>PI3</td>
<td>Para-Influenza</td>
</tr>
<tr>
<td>BRSV</td>
<td>Bovine Respiratory Syncitial Virus</td>
</tr>
</tbody>
</table>

### STEP 1 ➔ By June 7 vaccine with a modified live vaccine that provides for the immunization of healthy cattle against the four (4) viruses listed above. Signature: ___________________________ Superintendent/Assistant Superintendent

Date of 1st required vaccination: _____/_____/_____  (# of calves vaccinated: ________________)

Name of vaccine used ___________________________

**Note:** The only individuals authorized to administer Step 2 and Step 3 vaccinations to dairy feeder steers are active St. Joseph County 4-H Dairy Beef Project leaders and veterinarians.

### STEP 2 ➔ "Booster" the calf two to four weeks later (after the Step 1 vaccination) with the same type of modified live vaccine as used in Step 1. Signature: ___________________________ Club leader or Veterinarian name

Date of Step 2 required vaccination: _____/_____/_____ (tag #s vaccinated: ________________)

Name of vaccine used ___________________________

### STEP 3 ➔ Nasalgen is an intranasal administered IBR-PI3 vaccine for use where fast protection against IBR and PI3 is needed. Nasalgen has a 21 day withdrawal period. Nasalgen must be administered between August 18, 2018 and August 31, 2018.

Signature: ___________________________ Phone #: (____) ________-__________ Club leader or Veterinarian name

Date of Step 3 required Nasalgen: _____/_____/_____ (tag #s vaccinated: ________________)

4-H dairy feeder steer(s) owned by ___________________________ 4-H Member printed name

4-H ear tag number(s) assigned and placed on (check one) _____ June 5 _____ June 7 = No(s). ________________

Signatures Required: ___________________________ 4-H Member  ___________________________ 4-H Parent/Guardian

M:\4HYouth\Projects\Livestock\Beef\Vaccination Verification Form