

I wish to enroll in JRS Value Added Program

Check Protocol: JRS Calf Vac Sourced JRS Vac 45 Weaned Source
 JRS Stocker Vac JRS Vac 60 Weaned Source

RANCH/OPERATION INFORMATION

Name cattle will be sold under: _____

Owner/Manager: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone/Cell: _____ Email: _____

Field Representative: _____

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MARKETING INFORMATION:

Total Number of Head Enrolled: _____

Weaning Date, if applicable (mm/dd/yy): _____

Approximate Marketing Date (mm/dd/yy): _____

Approximate Sale Weight : _____ lbs. to _____ lbs.

Breed & Other Comments: _____

Check Marketing Choice: JRS Livestock Auction JRS Video Auction

Other Mangement Practice Information: *(please check all that apply)*

- Castrated/spayed Dehorned Bunk Broke Tank Broke Guaranteed Open day of sale

Tags must be purchased through JRS _____ or a complying company program such as MFA Health Track _____

Please attach proof of purchase and return documentation and completed form 15 DAYS PRIOR TO SELL DATE to: JRS Value Added Enrollment forms mailed to, P.O. Box 634, Carthage, MO 64836. Can be scanned and emailed to markh@joplinstockyards.com. Forms also available on www.joplinstockyards.com under services then click on Value-Added. For more info or questions, please call Mark Harmon at 417-316-0101 or off ce 417-548-2333.

COMPLETE FRONT AND BACK! INCOMPLETE FORMS WILL BE RETURNED!

Administration Information: JRS recommends a good vaccination protocol - Receipts Required for Enrollment

| PRODUCT ADMINISTRATION <i>Vaccine Protocol</i> | | JRS Vac 45 Weaned Source | |
|---|---|---------------------------------|---------------------|
| Respiratory Virals | List Company and Product Name in this column | 1st Dose Date | Booster Date |
| IBR-BVD-P13-BRSV 1st Round MLV or Killed | Company 1st _____ | Grey X DATE | Tag |
| Booster Dose MLV only (14-21 days after first dose) | Product Name Company 2nd Booster Product Name | | X DATE |
| Clostridial/Blackleg | Company Product Name | X DATE | X DATE |
| Haemophilus Somnus (Optional) | Company Product Name | | |
| Mannheimia (Pasteurella) Haemolytica | Company Product Name | X DATE | |
| Parasite Control (Dewormer) | Company Product Name | X DATE | |
| Implant (Optional) | Company Product Name | | |

X indicates the vaccine is required and must be administered.

All program cattle require castration of bulls & dehorned. The seller will be billed \$1.00 per 100 cwt for all bulls not castrated. **Bred heifer information** - All programs cattle require heifers guaranteed open day of sale & de-horned. If the buyer chooses to have the heifers pregnancy tested, at buyer's expense, and any are found bred, the heifer will be weighed and identified back to the seller. (Weight can vary from average sale weight.) Seller has the option to take the heifer home or resell her. (Resale value will be less.)

*Other precondition programs are accepted, i.e., MFA Health Track, Purina® Plus Feeder Calf Program, Arkansas GoGREEN Program, Red Angus Feeder Calf Certification Program and Oklahoma's OQBN. All programs require vaccination forms returned and receipts 10 DAYS PRIOR TO THE SALE.
 *All programs have to have tag tracing ability either to look up calves the day of the sale in case of any problems, i.e. bulls, bred heifers, lameness, sickness and all breed programs.
 *Vaccination forms will be mailed with tags.

PRODUCTS ADMINISTERED ACCORDING TO BQA GUIDELINES YES

I certify that the calves listed meet or will meet JRS requirements and products have been or will be administered according to label directions and BQA guidelines. I also certify that the information on this form is true and accurate.

Signature of either OWNER/MANAGER or VETERINARIAN is REQUIRED

Date: _____