

# I wish to enroll in JRS Value Added Program

Check Protocol:  JRS Calf /  JRS Vac 45 /  JRS Vac 45 /  JRS PVP  
Vac Sourced / Weaned Sourced / Non-Sourced / Aged & Sourced

**You are required to show vaccine receipts and complete this form 7 DAYS PRIOR TO SALE DATE to:**

JRS Value Added Enrollment, P.O. Box 634, Carthage, MO 64836 or fax to 417-548-2370: For more info or questions please call Mark Harmon or Troy Watson at 417-548-2333. Info is also available on our website: [www.joplinstockyards.com](http://www.joplinstockyards.com)

### RANCH/OPERATION INFORMATION

Name cattle will be check in as or sold as: \_\_\_\_\_

Owner/Manager \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Field Representative \_\_\_\_\_

Location of where EID tags were purchased: \_\_\_\_\_

List the EID Bag numbers of whole bags used: \_\_\_\_\_

List any single Visual tag numbers used and the bag they came out of: \_\_\_\_\_

**ENROLLMENT**

### Marketing Information

Total Number of Head Enrolling \_\_\_\_\_ Steers \_\_\_\_\_ Heifers \_\_\_\_\_

Weaning Date, if applicable (mm/dd/yy) \_\_\_\_\_

Approximate Marketing Date (mm/dd/yy) \_\_\_\_\_

**Birth dates of calves for producers in the GAM-1 or JRS/PVP program:**

**Birth date of oldest calf in group (mm/dd/yy) \_\_\_\_\_ (example: 02/01/07 – 04/01/07)**

### Other Management Practice Information

Please check and date all that apply:

Dehorned \_\_\_\_\_  Bunk-broke \_\_\_\_\_  Tank broke \_\_\_\_\_  
(date) (date) (date)

Vaccinations should be administered in the neck area following Beef Quality Assurance guidelines.

Write date of administration for each product used in appropriate area, month and day.

PRODUCT ADMINISTERED		JRS Calf Vac Sourced	JRS Vac 45 Weaned Sourced		JRS Vac 45 Non-Sourced	
Vaccine Protocol	List Product and Brand Name	1 <sup>st</sup> Dose Date	1 <sup>st</sup> Dose Date	Booster Date	1 <sup>st</sup> Dose Date	Booster Date
<b>Respiratory Virals</b> IBR-BVD-PI3-BRSV 1 <sup>st</sup> Round MLV or Killed <b>Booster Dose MLV only</b>		X	X	X	X	X
<b>Clostridial/Blackleg</b>		X	X	X	X	X
<b>Haemophilus Somnus</b> (Optional)						
<b>Mannheimia (Pasteurella) Haemolytica</b>		X	X		X	
<b>Parasite Control</b> (Dewormer)			X		X	
<b>Implant</b>						

PRODUCT ADMINISTERED		JRS/PVP Calf Aged & Sourced	JRS/PVP Vac 45 Aged & Sourced	
Vaccine Protocol	List Product and Brand Name	1 <sup>st</sup> Dose Date	1 <sup>st</sup> Dose Date	Booster Date
<b>Respiratory Virals</b> IBR-BVD-PI3-BRSV 1 <sup>st</sup> Round MLV or Killed <b>Booster Dose MLV only</b>		X	X	X
<b>Clostridial/Blackleg</b>		X	X	X
<b>Haemophilus Somnus</b> (Optional)				
<b>Mannheimia (Pasteurella) Haemolytica</b>		X	X	
<b>Parasite Control</b> (Dewormer)			X	
<b>Implant</b>				

All males are to be guaranteed steers and all heifers are guaranteed "open". If any bull(s) are found, seller will be billed for the loss of the buyer; sellers any of bred heifer(s) will be given the option to take home the bred heifers or billed the loss after the re-sale of bred heifer(s)

**PRODUCTS ADMINSTRATED 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 Owner or Manager (REQUIRED)

\_\_\_\_\_  
Ranch/Operation Name

\_\_\_\_\_  
Date