

I wish to enroll in JRS Value Added Program

Check Protocol:

JRS Calf
Vac Sourced

JRS Vac 45
Weaned Sourced

JRS
Stocker Vac

RANCH/OPERATION INFORMATION

Name cattle will be sold under _____

Owner/Manager _____

Address _____

City _____ State _____ Zip _____

Phone/Cell _____ Email _____

Field Representative _____

ENROLLMENT FORM

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 Management Practice Information

Please check and date all that apply:

Castrated/spayed _____ (date) Dehorned _____ (date) Bunk broke _____ (date) Tank broke _____ (date) Guaranteed Open day of Sale

Tags must be purchased through JRS _____ or a Complying 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 or fax to 417-548-2370 – 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 office 417-548-2333.

COMPLETE FRONT AND BACK! INCOMPLETE FORMS WILL BE RETURNED!

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

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

PRODUCT ADMINISTERED Vaccine Protocol		JRS Stocker Vac	
Respiratory Virals		1st Dose Date	Booster Date
IBR-BVD-P13-BRSV 1st Round MLV or Killed	Company 1 st _____	Orange X Date	Tag
	Product Name		
Booster Dose MLV only	Company 2 nd Booster		X Date
	Product		
Clostridial/Blackleg	Company 1 st and 2 nd	X Date	X Date
	Product Name		
Haemophilus Somnus (Optional)	Company		
	Product Name		
Mannheimia (Pasteurella) Haemolytica	Company	X Date	
	Product Name		
Parasite Control (Dewormer)	Company	X Date	
	Product Name		
Implant	Company		
	Product Name		

X indicates the vaccine is required and must be administered.

All males are to be castrated and all heifers are guaranteed "open". If any bulls 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 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- _____