

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 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!

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

PRODUCT ADMINISTRATION <i>Vaccine Protocol</i>		JRS Stocker Vac	
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 _____	Orange X DATE	Tag
	Product Name		
Booster Dose MLV only	Company 2nd Booster Product Name		X DATE
Clostridial/Blackleg	Company 1st and 2nd 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 0.10 per 100 cwt for all bulls not castrated. **Bred heifer information** - All programs cattle require heifers guaranteed open day of sale & dehorned. 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.)

All programs require vaccination forms returned and receipts in a timely manner

- Other precondition programs are accepted, i.e., MFA Health Track, Purina® Plus Feeder Calf Program and breed programs.
- All programs have to have an electronic tag tracing ability to look up calves the day of the sale in case of any problems, i.e. bulls, bred heifers, lameness, sickness

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: _____