JRS Revised 4-4-22

# I wish to enroll in JRS Value Added Program

Che	K 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:				
Phon	/Cell: Email:				
FleId Representative:					
ENROLLMENT	MARKETING INFORMATION:   Total Number of Head Enrolled:   Veaning Date, if applicable (mm/dd/yy):   Approximate Marketing Date (mm/dd/yy):   Approximate Sale Weight :   Approximate Sale Weight :   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!

### Write date of administration for each product & Brand used in appropriate area, month & day. JRS Revised 4-4-22

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

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

\*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 in a timely manner.

\*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