I wish to enroll in JRS Value Added Program

Ched	ck Protocol:		ac Sourced		5 Weaned So				
		JRS Stock	er Vac	JRS Vac 60	Weaned So	urce			
RANCH/OPERATION INFORMATION									
Name cattle will be sold under:									
Owner/Manager:									
Addre	ess:								
City:			State:		Zip:				
Phone/Cell:			Email: _						
Fleld Representative:									
E N	MARKETING INFORMATION: Total Number of Head Enrolled:								
R O	Weaning Date, if applicable (mm/dd/yy): Approximate Marketing Date (mm/dd/yy): Approximate Sale Weight : lbs. to lbs.								
Ľ L									
M E									
N T									
Che	ck Marketing C	hoice:	JRS Livesto	ck Auction	JRS Video	Auction			
	on mannoung o				j orto riado	714011011			
Other Mangement Practice Information: (please check all that apply)									
Ca	astrated/spayed	Dehorned	Bunk Br	oke Tank E	3roke	Guaranteed Open day of sale			
Pleas PRIO 64836 availal	e attach proof of p R TO SELL DATE to or fax to 417-548-23 ole on www.joplinstood call Mark Harmon at	burchase and retoto: JRS Value Add 70. Can be scanne bekyards.com under s	ed Enrollment of and emailed services then c	ntation and comp forms mailed to, P.C to markh@joplinsto lick on Value-Added	oleted form 1 D. Box 634, Ca ockyards.com.	5 DAYS orthage, MO Forms also			

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 2-19-21

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

PRODUCT ADN	MINISTRATION	JRS Vac 45 Weaned Source		
Vaccine Protocol				
Respiratory Virals	List Company and Product Name in this column	1st Dose Date	Booster Date	
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 vacci	ne is required and must be adı	ninistered.	<u>'</u>	
not castrated. Bred heifer ir horned. If the buyer chooses heifer will be weighed and ic	castration of bulls & dehorned. The sellen formation - All programs cattle require he to have the heifers pregnancy tested, at be dentified back to the seller. (Weight can varie or resell her. (Resale value will be less.)	eifers guaranteed ope uyer's expense, and ar	n day of sale & de- ny are found bred, the	
-Other precondition programs a	ition forms returned and receipts in a timely man re accepted, i.e., MFA Health Track, Purina® Plus lectronic tag tracing ability to look up calves the d	Feeder Calf Program and l		
I certify that the calves listed meet	RED ACCORDING TO BQA GUIDELING or will meet JRS requirements and products have also certify that the information on this form is true	been or will be administer	ed according to label	
Signature of either OW	NER/MANAGER or VETERINAR	IAN is REQUIREI)	
		Date: _		