

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

PRODUCT ADMINISTRATION <i>Vaccine Protocol</i>		JRS Vac 60 Weaned Source	
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 _____	DATE	Green Tag
	Product Name		
Booster Dose MLV only (14-21 days after first dose)	Company 2nd Booster		DATE
	Product Name		
Clostridial/Blackleg	Company	DATE	DATE
	Product Name		
Haemophilus Somnus (Optional)	Company		
	Product Name		
Mannheimia (Pasteurella) Haemolytica	Company	DATE	
	Product Name		
Parasite Control (Dewormer)	Company	DATE	
	Product Name		
Implant (Optional)	Company		
	Product Name		

All program cattle require castration of bulls & dehorned. The seller will be billed \$1.00 per 100 cwt for all bulls not castrated. **Bred heifer information** - All programs cattle require heifers guaranteed open day of sale & de-horned. 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 10 DAYS PRIOR TO THE SALE.

*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

Date: _____