



# Oklahoma Quality Beef Network VAC-45 Producer Enrollment

Participants should complete this form and fax, email or mail it to the OQBN office no less than 21 days prior to the selected sale date or shipping event. The OQBN representative will complete the enrollment process and follow up with a telephone audit or farm visit if deemed necessary. Mail or fax form to:

Oklahoma Quality Beef Network  
c/o Gant Mourer  
201 Animal Science  
Stillwater, OK 74078  
Phone 405-744-6060  
Fax 405-744-4398

### OQBN OFFICE USE ONLY

Tags: Quantity \_\_\_\_\_ Sequence \_\_\_\_\_  
Sequence \_\_\_\_\_

Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Beef Quality Assurance Certified Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date of certification \_\_\_\_\_

# Steers \_\_\_\_\_ # Heifers \_\_\_\_\_ Total # of head \_\_\_\_\_ Date of first calf born \_\_\_\_\_

Cattle home raised (you own the cows) Yes \_\_\_\_\_ No \_\_\_\_\_ Breed of Sire of calves \_\_\_\_\_

Heifers exposed to bulls since weaning Yes \_\_\_\_\_ No \_\_\_\_\_ Tested PI-BVD Free Yes \_\_\_\_\_ No \_\_\_\_\_

OQBN sale that you plan to enroll/market your cattle \_\_\_\_\_

Weaning date \_\_\_\_\_ Castration date \_\_\_\_\_ Dehorning date \_\_\_\_\_

Name of Veterinarian or Veterinarian Clinic \_\_\_\_\_

Calves age and source verified through a USDA PVP or QSA? Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that the cattle listed on this form were vaccinated as indicated and in accordance with the requirements specified by the Oklahoma Quality Beef Network and that the record is accurate. I also agree to reimburse OQBN for the cost of tags/applicators listed at the time of sale or cattle shipment.

**Cattle owner or manger** \_\_\_\_\_ **Date** \_\_\_\_\_

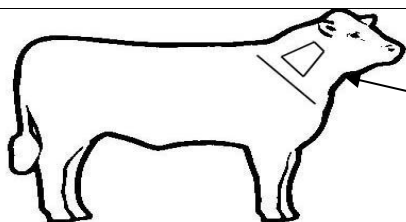
I certify that I have inspected the cattle represented on this form and they were observed to be weaned, castrated, dehorned, vaccinated, and tagged with a program compliant tag and all records requested are complete.

**Extension Personnel** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE COMPLETE FRONT AND BACK OF THIS FORM**

## Vaccination Record for Groups of Cattle

Vaccination option used: #1 branding and weaning \_\_\_\_\_ #2 Pre weaning and weaning \_\_\_\_\_  
 #3 weaning and post weaning \_\_\_\_\_



Beef Quality Assurance guidelines must be followed to participate in OQBN.

- All injections must be administered in the **neck** region.
- Subcutaneous (SQ) preferred.
- Low-volume dose products preferred.

\*Place the number from the table below on the drawing of the animal where the treatment was administered.

Purpose	Date Treated	Product	Lot or Serial #	Expiration Date	ROA <sup>1</sup>	Dose	Person Giving Treatment
1. Initial respiratory viral (IBR-BVD-BRSV-PI <sub>3</sub> )							
2. Clostridial/blackleg							
3. Pasteurella							
4. Booster respiratory viral (IBR-BVD-BRSV-PI <sub>3</sub> )							
5. Booster Clostridial/blackleg							
6. Dewormer (optional)							
7. Implant (optional)							
8.							
9.							
10.							

<sup>1</sup>Route of Administration; Subcutaneous (SQ), Intramuscular (IM), Oral (O), Topical (TOP)