



Oklahoma Quality Beef Network VAC-45 Producer Enrollment

Participants should complete this form and fax, email or mail it to their OQBN representative 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.

E-mail, mail or fax enrollment to your local OQBN representative listed at the bottom of this form

For More Information:
oqbn.okstate.edu

OQBN OFFICE USE ONLY
Tags: Quantity _____ Sequence _____

Name: _____ County: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Beef Quality Assurance Certified: Yes No

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

If you wish to market calves through an OQBN certified sale, please indicate the location and sale date:

**See oqbn.okstate.edu for a list of scheduled OQBN certified sales*

Sale location: _____ Sale date: _____

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:** _____

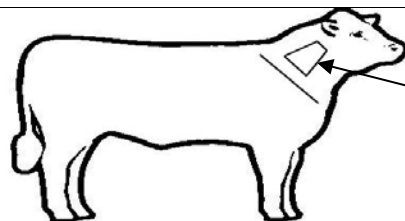
PLEASE COMPLETE FRONT AND BACK OF THIS FORM

Vaccination Record for Groups of Cattle

Vaccination option used:

Please check the box below

- #1 at branding and weaning
 #2 2-6 weeks prior to weaning and at weaning
 #3 at weaning and 2-4 weeks after weaning



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

- 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 ¹	Dose	Person Giving Treatment
1. Initial respiratory viral (IBR-BVD-BRSV-PI ₃)							
2. Clostridial/blackleg							
3. Pasteurella							
4. Booster respiratory viral (IBR-BVD-BRSV-PI ₃)							
5. Booster Clostridial/blackleg							
6. Dewormer (optional)							
7. Implant (optional)							
8.							
9.							
10.							

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

OSU Area Livestock Specialists and OQBN Representatives



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