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

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 manager _______________________________ 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.

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Date Treated</th>
<th>Product</th>
<th>Lot or Serial #</th>
<th>Expiration Date</th>
<th>ROA¹</th>
<th>Dose</th>
<th>Person Giving Treatment</th>
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<tbody>
<tr>
<td>1. Initial respiratory viral (IBR-BVD-BRSV-PI₃)</td>
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<td>2. Clostridial/blackleg</td>
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<td>3. Pasteurella</td>
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<td>4. Booster respiratory viral (IBR-BVD-BRSV-PI₃)</td>
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<td>5. Booster Clostridial/blackleg</td>
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<td>6. Dewormer (optional)</td>
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<td>7. Implant (optional)</td>
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¹ Route of Administration; Subcutaneous (SQ), Intramuscular (IM), Oral (O), Topical (TOP)