



# 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](http://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 BQA # \_\_\_\_\_

# 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](http://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**

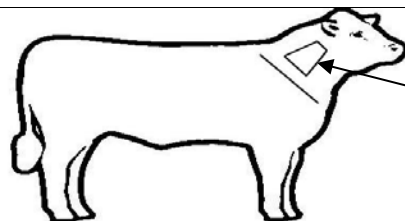
## Vaccination Record for Groups of Cattle

**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

- Modified Live Vaccine  
 Killed Vaccine



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 <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)

