



Verified Beef Enrollment Form



Date	_____
Ranch Name	_____
Mailing Address	_____
Contact Person	_____
City, State, ZIP	_____
Office Phone	_____
Shipping Address	_____
Cell Phone	_____
City, State, ZIP	_____
Fax	_____
Alternate Contact	_____
Email	_____
Relationship	_____
Premise ID # **	_____
County	_____
Referred by	_____
Phone	_____

***Tags will be 840 series unless special ordered. Contact VB office with questions*

Services Requested:

<input type="checkbox"/> Age & Source	<input type="checkbox"/> RFC - Reputation Feeder Cattle	<input type="checkbox"/> VB-NE3 – VB Never Ever 3
<input type="checkbox"/>	<input type="checkbox"/> NHTC – Non-Hormone Treated Cattle	<input type="checkbox"/> CCH – Cattle Care & Handling

Currently enrolled in PVP? Yes No If Yes, Company Name: _____

Number of tags requested _____ Enrolled program(s): ASV NHTC NE3

Date Needed by _____ Need Allflex applicator? Yes No

This operation consist of:

Have any of the following been purchased:

<input type="checkbox"/> Cow-calf	<input type="checkbox"/> Stocker	<input type="checkbox"/> Background/Grower
<input type="checkbox"/> Seedstock	<input type="checkbox"/> Yearling	

<input type="checkbox"/> Cow-calf Pairs	<input type="checkbox"/> Yearlings
<input type="checkbox"/> Graft Calves	<input type="checkbox"/> None

Calving information recorded:

Records are maintained using:

<input type="checkbox"/> First calf born	<input type="checkbox"/> Bull turnout date
<input type="checkbox"/> Individual DOB	<input type="checkbox"/> AI date

<input type="checkbox"/> Calving book	<input type="checkbox"/> Calendar
<input type="checkbox"/> Software Program	<input type="checkbox"/> Spreadsheet

Calendar Year of Birth: _____ First Calf DOB _____ Last Calf DOB _____

Number of Breeding Females _____

Does the ranch have more than one individually managed operation? Yes No

Are you cattle commingled with other herds? Yes No

Calf Identification Method Brand Ranch Tag Crop Tattoo

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Version: 11/10/2016

