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# Verified Beef Customer Enrollment Form and Producer Agreement



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## Verified Beef Enrollment Form

<b>CONTACT INFORMATION</b>				
<b>PERSONAL INFORMATION:</b>		<b>RANCH INFORMATION:</b>		
		Only complete if ranch information is different from personal.		
Name:				
Mailing Address:				
City, State, Zip Code:				
County:				
Telephone contact # :				
Home:				
Cell:				
Fax #:				
Premise ID (optional):				
BQA Number (optional):				
Email contact:				
<b>Individual Ranch Information:</b>				
Number of Separate Ranching Operations:				
Complete if there are more than 1 ranching operations in your business. Only fill information that is separate from above.				
	Address	County	Distance From Main Location	Premise ID
Operation 2:				
Operation 3:				
Operation 4:				

## Verified Beef Enrollment Form Continued

<b>Production Records:</b>	
Number of calving seasons:	Approximate date(s) of calving season(s):
What calving information do you record (check all that apply):	
Bull turnout date <input type="checkbox"/>	First calf born <input type="checkbox"/>
AI Breeding date <input type="checkbox"/>	Individual Birthdates <input type="checkbox"/>
How do you maintain records? (check all that apply)	
Verified Beef Management System <input type="checkbox"/>	Spreadsheet <input type="checkbox"/>
Cow –Herd Management Software <input type="checkbox"/>	Database <input type="checkbox"/>
Calendar <input type="checkbox"/>	Calving Book <input type="checkbox"/>
Other _____ <input type="checkbox"/>	No Records <input type="checkbox"/>
Cattle Management /Land Use:	Cattle Management/Other ID:
Deeded Land <input type="checkbox"/>	Ranch Visual Tag <input type="checkbox"/>
Leased Land <input type="checkbox"/>	Brand _____ <input type="checkbox"/>
Public Land Permit <input type="checkbox"/>	Other _____ <input type="checkbox"/>
Are your cattle commingled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes explain how you identify your cattle.</i>	
Do you maintain records for a minimum of three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
As a producer enrolled in a Source and Age Verification PVP you understand that you are subject to a random onsite audit by:	
1. Verified Beef Personnel <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. United States Department of Agriculture <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you answered NO to the previous question enrollment will be delayed until you contact your Verified Beef representative.</i>	
<b>Verified Beef Office Use Only:</b>	
Rancher ID:	Ranch ID (Premise):
Initial date for enrollment audit/verification: ____/____/____	
Auditor Signature:	

## Verified Beef Producer Agreement

I have read and understand all Verified Beef's participation requirements. I agree to comply with all requirements, and understand that I am responsible for the accuracy of all information provided to Verified Beef. I agree to make available to representatives of Verified Beef all records pertaining to cattle enrollment. I agree to indemnify Verified Beef from any liability for errors, mistakes, or omissions in the information I provide.

\_\_\_\_\_  
Producer/Rancher Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer/Rancher Signature

\_\_\_\_\_  
Signature of Verified Beef Representative

\_\_\_\_\_  
Date

**This agreement must be filed with Verified Beef, LLC.**

## VB Services Order Form

**Ranch Name:**

**Phone Number:**

**Address:**

### Verification Services

Age and Source

*The Following Program Options require Age and Source Verification. Individual Fees apply to each service provided.*

NHTC (No Hormones)

NE3 (All Natural)

GrassFed

### Additional Services Provided (please call for pricing):

Carcass Data Collection

Data Entry

### Tag Order Information:

*Tags must be ordered in quantities of 25*

Number of Tags: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Select Tag Option:

EID Tags

Matched Pair set (EID Tag and Panel Tag)

Custom Numbering

Tag Applicator

Quantity: \_\_\_\_\_