

Participant BQA# (required): \_\_\_\_\_ Program fee last paid\*: \_\_\_\_/\_\_\_\_/\_\_\_\_ Premise ID# (optional): \_\_\_\_\_

Intended Market Location and Date: \_\_\_\_\_

**Contact (required)**

Ranch/owner name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, County: \_\_\_\_\_,

State: \_\_\_\_\_, Zipcode: \_\_\_\_\_, Email: \_\_\_\_\_

**Minimal Qualifying Conditions (required, initial each)**

salebarns may cut here for non-disclosure

Weaned by (mm/dd/yy: \_\_\_\_/\_\_\_\_/\_\_\_\_) and sold no earlier than (mm/dd/yy: \_\_\_\_/\_\_\_\_/\_\_\_\_).

Minimum **45 days** between weaning and marketing for green tag program.

Minimum **14 days** from last vaccination to marketing (**required starting 09/01/2020**)

Bulls castrated and completely healed by sale date.

Heifers open – (heifers over 6 months age with suspected exposure to bull should either be given lutalyse if less than 100 days exposed or not sold green tag).

Horns removed and completely healed by sale date.

Exposed to feed from a trough and water from a tank.

Vaccinated for IBR/PI3/BVD/BRSV using a modified-live OR killed vaccine – Booster Required As Indicated on Product Label.

Vaccinated for Clostridia (blackleg combination) - Booster Required As Indicated on Product Label.

Vaccinated for Mannheimia haemolytica – Booster if required by product label. (**required starting 09/01/2020**)

Treated for internal parasites.

No antibiotic withdrawal time violation.

**Initial Treatment Record: attach copies of PRODUCT PURCHASE RECEIPTS or provide veterinary service documentation (required)**

Date Given	Purpose	Name	Lot Number	Expiration Date
Ex. 4/17/2018	IBR, BVD, etc.	Resprashield 6	RS6-29105	10/15/2019

**Booster Treatment Record: attach copies of PRODUCT PURCHASE RECEIPTS or provide veterinary service documentation (required)**

Date Given	Purpose	Name	Lot Number	Expiration Date
Ex. 5/17/2018	IBR, BVD, etc.	Resprashield 6	RS6-29110	10/15/2019

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**Sellers Signature (required):** \_\_\_\_\_

**Date (required):** \_\_\_\_\_

<b>Official Use Only</b> (tags must be provided in sequence)	Date tags provided: (____/____/____) First tag number: _____ County: _____	Number of tags: _____ @ \$2 each Last tag number: _____ Amt paid: _____
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\*Fees: \$10 program enrollment (required every 3 years, \$5 stays in county and \$5 goes to state).

University of Arkansas, United States Department of Agriculture and County Governments Cooperating

