



# Enrollment Form

209 S. 19<sup>th</sup> Avenue Suite 3  
Bozeman, MT 59718  
(406) 867-Beef (2333)  
Fax: 888-500-0903

**Ranch Name:** \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Producer Name:** \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(City) (State) (Zip)

County: \_\_\_\_\_

Email: \_\_\_\_\_

BQA Number (optional): \_\_\_\_\_

USDA Premise ID (optional): \_\_\_\_\_

**Authorized Alternative Contacts (if different from above):**

1: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

2: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please tell us more about your ranching operation:**

*Check all that apply*

**This ranching operation consists of:**

Cow-calf:

Yearling:

Stocker:

Registered:

**Have Any of the Following Been Purchased:**

Cow/Calf Pairs:

Graft Calves:

Yearling/Feeders:

**Approximate Calving Season(s):** Start : \_\_\_\_\_ End: \_\_\_\_\_  
MM/DD/YY MM/DD/YY

**Calving information recorded:**

First Calf Born:

Individual DOB:

Bull Turnout Date:

AI Date:

**Records are Maintained Using:** Calving Book:  Calendar:  Spreadsheet:

Cow-Herd Management Software:  Other Record :

**The ranch has more than one individual operation:** Yes  No

*Please Contact Verified Beef Concerning Additional Operations*

**Are your cattle commingled with other herds:** Yes  No



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## Cattle Identification Methods: (Use attachment to explain if necessary)

- Brand - Please draw brand(s) and location(s) (Ex. 42 in Quarter Circle on Left Rib)
- Visual Tags - Please provide color(s) used and description of numbering / lettering  
(Ex. Yellow Panel Tags with three digit number)
- Other – Please Describe (Ex. crop right ear)

## Verification Services Requested:

1) Age and Source:

*All services offered require Age and Source verification enrollment. Individual fees apply to each additional verification service provided:*

2 ) NHTC (No Hormone):       3) NE3 (Natural):       4) Grassfed:

## EID Tag Order Information:

*EID tags must be ordered in quantities of 25*

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

840 Tags Requested (Requires USDA Premise ID):  Yes     No

Tag Applicator Needed:  Yes     No

## 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 that I provide.

As a participant in the Verified Beef program I understand that I am subject to a random onsite audit by Verified Beef and/or the United States Department of Agriculture (USDA).

Producer Name (Printed)	Producer Signature	Date
Verified Beef Representative	Date	