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**MONTANA HEREFORD ASSOCIATION  
FEEDER CALF  
MARKETING COMMITTEE**

**GUIDELINES FOR CONSIGNORS**

**SALE: THIRD WEDNESDAY IN NOVEMBER  
THREE FORKS, MT**

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Montana Hereford Association  
Feeder Calf Marketing Committee

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[www.montanahereford.org](http://www.montanahereford.org)

Headwaters Livestock Auction Yard (406) 285-0502



**Consignment Form**  
**Montana Hereford Influenced Feeder Calf Sale**  
**Headwaters Livestock Auction, Three Forks, MT**

Consignor: \_\_\_\_\_

Address: \_\_\_\_\_

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

Number Steers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hereford

>49%Hereford X \_\_\_\_\_ (Breed)

>49%Hereford X \_\_\_\_\_ (Breed)

Total Steers: \_\_\_\_\_

>49%Hereford X \_\_\_\_\_ (Breed)

Estimated Steer Weight: \_\_\_\_\_

Number Heifers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hereford

>49%Hereford X \_\_\_\_\_ (Breed)

>49%Hereford X \_\_\_\_\_ (Breed)

Total Heifers: \_\_\_\_\_

>49%Hereford X \_\_\_\_\_ (Breed)

Estimated Heifer Weight: \_\_\_\_\_

Calving Date Range: \_\_\_\_\_

1st Vaccination Date: \_\_\_\_\_

1st Vaccine Name: \_\_\_\_\_

Lot # \_\_\_\_\_

2nd Vaccination Date: \_\_\_\_\_

Lot # \_\_\_\_\_

2nd Vaccine Name: \_\_\_\_\_

Lot # \_\_\_\_\_

Other prior Vaccinations: \_\_\_\_\_

Lot # \_\_\_\_\_

Weaning Date: \_\_\_\_\_

CHB Tags: \_\_\_ Yes \_\_\_ No

Wormed Date: \_\_\_\_\_

Age and Source Verified: \_\_\_ Yes

\_\_\_ No Other Tags: \_\_\_\_\_ (Specify)

## **Montana Hereford Feeder Calf Marketing Program**

### **Program Objectives**

To provide producers of Hereford and Hereford cross calves a market place specific for Herefords. And, to provide buyers of Hereford and Hereford cross calves, volume quantities of quality Herefords that are age and source verified, weaned for a minimum of 45 days and that have a standardized health protocol.

### **Sale Management**

The sale is managed under the auspices of the Montana Hereford Association and its Montana Hereford Feeder Calf Marketing Committee.

### **Eligible Calves**

Calves that are straight bred Herefords or at least 50% Hereford and 50% English breeds (Angus, Red Angus, Shorthorn or South Devon) steers or heifers. Steers need to be healed prior to the sales. Producers in the surrounding states or provinces are eligible as long as they comply with Montana and /or US health requirements.

### **In addition:**

1. Health
  - a. All calves should be weaned a minimum of 45 days prior to the sale.
  - b. Are wormed and have two rounds of MLV vaccines (see attached suggested Vaccination programs)
  - c. All calves must comply with the appropriate Montana and/ US health regulations.
2. Identification: American Hereford Association EID tags are required. AHA tags may be purchased through the MHA. Tags must be applied prior to arriving at the sale site. The EID button must be place inside the ear.
3. Calves should comply with Age and Source protocols (see attachment). Age and source certificates must be attached to the consignment form or provided to the sale committee prior to the sale.
5. Other Requirements:
  - No Bulls or Stags
  - Heifers must be guaranteed open
  - No cripples, foundered or otherwise unhealthy calves.
6. Weights- Suggested weight range fro. 550 to 900 lbs.

### **Marketing costs:**

The Marketing Committee makes every effort to minimize the cost of marketing Hereford calves consistent with providing a quality merchandising program. Normal sale barn fees will apply as well a minimal charge for EID tags which will be deducted from the consignor's sale proceeds. The cost of the Age and Source verification will be handled directly with the verification agency.

**Transportation:**

The marketing committee will assist where possible in coordinating transportation to the sale site. Calves should arrive at least one day prior to the sale to facilitate sorting, grading and brand inspection.

Calves not meeting the requirements above:

As long as those calves meet the 50% Hereford, 50% English breed guideline they will be sold on the same sale date but after the program calves are sold.

## **Boehringer Ingelheim**

### Pre-weaning

#### **1st Working**

Triangle 4  
Presponse HM  
Bar-Vac 7/ Somnus  
Cydectin

#### **2nd Working**

#### **Following weaning**

Express 5 or Pyramid 5  
Bar-Vac 7/ Somnus

**OR**

### Post Weaning

#### **1st Working**

Express 5 HS  
Presponse HM  
Cydectin

#### **2nd Working**

Express 5 HS  
Alpha 7 or Alpha 7MB-1

**OR**

### Post Weaning

#### **1st Working**

Pyramid 5 + Presponse SQ  
BarVac 7 with Somnus  
Cydectin

#### **2nd Working**

Pyramid 5+ Presponse SQ  
BarVac 7 with Somnus

## **Pfizer**

### Pre-weaning

#### **1st Working**

Cattlemaster Gold FP 5  
Ultrabac 7 Somubac  
Dectomax

#### **2nd Working**

#### **Following weaning**

Bovi-Sheild Gold 5  
Ultrabac 7 Somubac  
One Shot

**OR**

### Post Weaning

#### **1st Working**

Bovi-Shield Gold 5  
Ultrabac 7 Somubac  
Dectomax

#### **2nd Working**

Bovi-Shield Gold 5  
Ultrabac 7 Somubac  
One Shot

## **Merial Sure Health**

### Pre-weaning

#### **1st Working**

Triangle 4  
Respishield HM  
BarVac 7 Somnus  
Wormer  
Ivomec -  
Plus, Pour On or 1% Inj  
**or**  
Eprinex

#### **2nd Working**

#### **Following weaning**

Express 5 or  
Pyramid 5  
BarVac 7 Somnus

**OR**

### Post Weaning

#### **1st Working**

Express 5 HS  
Respishield HM  
Wormer  
Ivomec -  
Plus, Pour On or 1% Inj  
**or**  
Eprinex

#### **2nd Working**

Express 5 HS  
Alpha 7 or Alpha7MB1

# Verified Beef

## Age and Source Verification Producer Requirements

### Producer Forms and Requirements:

1. Completed Enrollment Form (**ANNUALLY**)
2. Completed Supplier Training Quiz (**EVERY THREE YEARS**)
3. All cattle enrolled under the Verified Beef PVP must be tagged with RFID tags purchased from Verified Beef prior to shipment from original ranch
  - a) Provide a list of Unused RFID Tags to Verified Beef
4. Two forms of identification if cattle are commingled
  - a) Brand (hot or freeze)
  - b) Ear Notch
  - c) Ear Tags
5. Keep original calving records for a minimum of **3 yrs** i.e. calving book
6. Age/Source audits will be performed desk-side via a phone interview. On-sit audits are only required for a *random 3%* of all Age/Source verification participants.

### Every Producer is Required to Maintain and Provide to Verified Beef:

1. Copy of Calving Records

*Appropriate records include, but are not limited to:*

  - Calving Book
  - Calendar / Journal / Notebook
  - Electronic Copy
  - Spreadsheet
  - Cow Management Software Report
  - VB Database
2. Record of the **first calf born** is the minimum requirement

### Recommendations to Producers:

1. Complete Chute Side Worksheets
  - a. Send a Copy to Verified Beef
2. Utilize the Verified Beef Database
3. Participate in Beef Quality Assurance Training
4. Provide Feedback to Verified Beef Through
  - a. Customer Surveys
  - b. Questions
  - c. Comments and Concerns



# 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: \_\_\_\_\_  
(Street) (City) (State) (Zip)

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

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

BQA Number: \_\_\_\_\_ USDA Premise ID: \_\_\_\_\_

**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 :

**Cattle Identification Methods:** Visual Tag:  Brand:  Other ID:

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

*Please Contact Verified Beef Concerning Additional Operations*



# Enrollment Form

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

**Are your cattle commingled** (if yes please explain identification methods): Yes No

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## 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: \_\_\_\_\_

Tag Applicator:       Number of Tag Applicators: \_\_\_\_\_

**Additional Services:**      1) Carcass Data Collection:       2) Data Entry:

## 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.

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

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Verified Beef Representative

\_\_\_\_\_  
Date





**MT Hereford**  
**PO Box 178**  
**Townsend, MT 59644**

