



**ENROLLMENT FORM**

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

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

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

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Contact Preference

Email \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

  
  


Information for delivery to Tucumcari Test Station

Health

Vaccine	Name	Last Date Given
Clostridial		
Viral		
Wormer		
Antibiotic		

Brand Information

# \_\_\_\_\_.

Payment due \$50.00

Payable to: EANRS

Mail to: Marcy Ward  
 MSC 3AE PO Box 30003  
 Las Cruces, NM 88003