



Beef Extension Forage Evaluation Program



ORDER FORM

Please mail this form along with samples to:

Beef Forage Evaluation - EOARC
67826A Hwy 205 - Burns, OR 97720

Contact Information

Results and recommendation report will be mailed to the address provided below. Please print clearly.

Name: _____ Ranch: _____

Street Address: _____

County: _____ City: _____ State: _____

Zip Code: _____ Email: _____ Phone: _____

Cattle Information

This information will be used to generate the report. Please mark and circle all that apply.

Major breed type: _____

Calves: Nursing Weaned Bulls: Prior to During After breeding

Heifers: Virgin Lactating (early, mid, late) Gestating (first, second, third trimester)

Cows : Lactating (early, mid, late) Gestating (first, second, third trimester)

Include here specific information: _____

Forage and Order Information

Only use one line per sample. Please include additional sheets if order contains more than 4 samples.

Sample Description					Lab Use	
#1	Species: _____	<input type="checkbox"/> Hay	<input type="checkbox"/> Haylage	<input type="checkbox"/> Silage	<input type="checkbox"/> Pasture	
#2	Species: _____	<input type="checkbox"/> Hay	<input type="checkbox"/> Haylage	<input type="checkbox"/> Silage	<input type="checkbox"/> Pasture	
#3	Species: _____	<input type="checkbox"/> Hay	<input type="checkbox"/> Haylage	<input type="checkbox"/> Silage	<input type="checkbox"/> Pasture	
#4	Species: _____	<input type="checkbox"/> Hay	<input type="checkbox"/> Haylage	<input type="checkbox"/> Silage	<input type="checkbox"/> Pasture	

Payment (\$ 25.00 per sample)

*Please pay by check or money order, payable to **EOARC – Burns.***

Total samples: _____

Total payment enclosed: _____

THANKS FOR SUPPORTING THE OSU - BEEF EXTENSION FORAGE EVALUATION PROGRAM