



# APPLICATION FOR CERTIFICATION OF BISON OPERATIONS

**TO BE COMPLETED IN FULL**

| GENERAL INFORMATION                              |                                                                                                                                                                                                                                                                                       |            |        |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| PRODUCER NAME                                    |                                                                                                                                                                                                                                                                                       |            |        |
| FARM NAME                                        |                                                                                                                                                                                                                                                                                       |            |        |
| ADDRESS<br><small>(physical and mailing)</small> |                                                                                                                                                                                                                                                                                       |            |        |
| ORGANIZATIONAL STRUCTURE (ISO §8.2.2.)           | <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S-Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Corporation<br><input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Other (please specify) _____ |            |        |
| ON FARM CONTACT                                  |                                                                                                                                                                                                                                                                                       |            |        |
| TELEPHONE NO:                                    | FAX NO:                                                                                                                                                                                                                                                                               | MOBILE NO: | EMAIL: |
| OTHER CONTACT                                    |                                                                                                                                                                                                                                                                                       |            |        |
| TELEPHONE NO:                                    | FAX NO:                                                                                                                                                                                                                                                                               | MOBILE NO: | EMAIL: |
| List brand name(s) product is sold under         |                                                                                                                                                                                                                                                                                       |            |        |

| TYPE OF OPERATION                                                                     | Cow-calf       | Stocker            | Finisher                          | Reared calves sold  |
|---------------------------------------------------------------------------------------|----------------|--------------------|-----------------------------------|---------------------|
| <i>Circle applicable items</i>                                                        |                | Stocker bison sold |                                   | Finished bison sold |
| <b>Total Number of:</b>                                                               | Breeding Cows: | Breeding Bulls:    | Calves born in last 12 months:    |                     |
| <b>Total Number in Last 12 months:</b>                                                | Calves sold:   | Stockers Sold:     | Finished Stock sent to slaughter: |                     |
| Name and address of Haulier (Transporter)?                                            |                |                    |                                   |                     |
| Name of Abattoir (Processor)?<br><small>(must complete Universal Application)</small> |                |                    |                                   |                     |
| <b>Do you have a closed herd? (if "NO", please answer the following 2 questions)</b>  |                |                    |                                   |                     |
| Total number of calves/stockers purchased for fattening in last 12 months:            | Calves bought: | Stockers bought:   |                                   |                     |
| Name and Address of Supplier if Purchasing Bison for Fattening?                       |                |                    |                                   |                     |
| Destination of Bison Sold for Finishing (Customer)?                                   |                |                    |                                   |                     |

|                                                                                                                         |                                                        |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Member of other quality assurance or certification program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name Of Quality Assurance or Certification Program(s): |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|

**FARM QUESTIONNAIRE: BISON**

**1) FACILITIES**

**For each location you use to raise bison, you must submit a diagram of the property that includes the following information:**

1. Physical address of the property, and the distance from the main farm/ranch
2. Total acreage of the property
3. The location and size of each pen/pasture/corral
4. The size and location of any buildings or structures on the property
5. The location of feeders and drinkers inside each pen/pasture/corral
6. The location of animal handling facilities.

**Attach the diagram(s) to this application.**

Describe your animal handling facilities (chutes, restraint systems, handling aids, etc.):

Where do cows calve? \_\_\_\_\_

How often are cows checked during calving season? \_\_\_\_\_

How often are livestock checked during various seasons?

Winter \_\_\_\_\_ Spring \_\_\_\_\_

Summer \_\_\_\_\_ Fall \_\_\_\_\_

What protection for animals from inclement weather (windbreaks, shade, etc.) is provided during:

Winter \_\_\_\_\_

Summer \_\_\_\_\_

What protection from predators (dogs, coyotes, etc.) is provided? \_\_\_\_\_

How/where are bulls kept? \_\_\_\_\_

**Cleaning and Disinfection Policy** *(skip if not applicable to operation)*

List compounds, products, and methods used on farm/ranch to clean or disinfect:

List: \_\_\_\_\_

**Buildings and Equipment** (List cleaning/disinfecting procedures)

**Buildings**

- preparation
- cleaning method
- disinfection
- resting (drying)
- drains

**Corrals/Pens/Barns**

- preparation
- cleaning method
- disinfection
- resting (drying)
- drains

**Equipment**

- preparation
- cleaning method
- disinfection
- resting (drying)

**2) WASTE MANAGEMENT POLICY (Applicable to feedlot or penned animals)**

a. How often are pens/corrals scraped?

Winter: \_\_\_\_\_

Summer: \_\_\_\_\_

b. How is manure disposed of:

Composting                      Spread on land: How much acreage is available? \_\_\_\_\_

Lagoon                              Other: \_\_\_\_\_

c. How is medical waste (needles, scalpel blades, medicine containers, syringes, etc.) disposed of?

\_\_\_\_\_

Are sharps containers used?                               Y     N  
(leak-proof, puncture resistant container, such as empty coffee tin, or similar)

|                                   |
|-----------------------------------|
| <b>3) HERD BIOSECURITY POLICY</b> |
|-----------------------------------|

a. Describe quarantine and processing of newly purchased stock or those returning to the farm from another location (including cows, bulls, heifers, steers, and show animals).

b. Do vehicles entering farm premises have access restricted to specific areas of farm?   Y     N

c. Are visitors required to wear boots and other protective apparel and is visitor access restricted to specific area of the farm, pending owner/manager approval?   Y     N

Explain: \_\_\_\_\_

d. Are employees trained in biosecurity measures?                                                                       Y     N

e. Are work routines used that minimize disease transfer between animal groups (e.g. between hospital pens, feed lots)?                                                                               Y     N

f. Are sick animals segregated from the rest of the herd?                                                                               Y     N  
If yes, where?

|                          |
|--------------------------|
| <b>4) FEED AND WATER</b> |
|--------------------------|

**Feed Suppliers**

Name:

Address:

Telephone No.:

Mills Used:

Major source/minor source (circle one)

**Name:**

Address:

Telephone No.:

Mills Used:

Major source/minor source (circle one)

**Name:**

Address:

Telephone No.:

Mills Used:

Major source/minor source (circle one)

Is feed free from all mammalian derived protein, except milk, and milk products?      Y      N

Is feed free from growth promoters and sub-therapeutic antibiotics, including ionophores and coccidiostats?      Y      N

Are feed ingredient tags available for at least one year?      Y      N

Feed records retention – keep a representative ingredient tag for each ingredient used. Replace old tags with current tags as rations change.

Are feed bunks filled manually or automatically? \_\_\_\_\_

How often are feed bunks cleaned? \_\_\_\_\_

How much bunk space is available per animal? \_\_\_\_\_

How many days supply of feed is available on the ranch? \_\_\_\_\_

Are bison kept on grazing pastures during grass-growing season?      Y      N

How is animal access to poisonous plants or unsuitable feedstuffs prevented? \_\_\_\_\_

**Commodity Feed Area**

Is feed kept covered?      Y      N

Are commodity storage areas cleaned between loads of feed?      Y      N

Describe commodity/feed storage (separate or mixed; covered or uncovered):

**Water**

What type of waterers do the bison have access to? \_\_\_\_\_

How many waterers of each type are in each pen/pasture? \_\_\_\_\_

How often are water troughs checked? \_\_\_\_\_

How often are water troughs cleaned? \_\_\_\_\_

Are water troughs disinfected? Y    N

If yes, what is used: \_\_\_\_\_

Are any water filtration/purification systems used? Y    N

If yes, please list: \_\_\_\_\_

What is the primary water source for the farm? \_\_\_\_\_

What are emergency or backup water sources? \_\_\_\_\_

**Calves**

Is a source of colostrum available for calves that may need it? \_\_\_\_\_

If colostrum must be provided to a calf, when is it given? \_\_\_\_\_

Method used (bottle, tube): \_\_\_\_\_

Volume administered: \_\_\_\_\_

At what age are calves weaned? \_\_\_\_\_

At what age are calves provided forage or creep feed? \_\_\_\_\_

**5) Body Condition Scoring**

When are animals body condition scored?

By whom?

What type of scoring system is used?

**6) PEST CONTROL POLICY**

List methods/products used to control rodents, birds and flies: \_\_\_\_\_

**a. Rodents**

|                      |   |   |
|----------------------|---|---|
| traps                | Y | N |
| bait                 | Y | N |
| limit access         | Y | N |
| covered feed storage | Y | N |

**b. Birds**

|                            |   |   |
|----------------------------|---|---|
| bait                       | Y | N |
| nets                       | Y | N |
| covered feed storage       | Y | N |
| noise or visual deterrents | Y | N |

**c. Flies**

|                                              |   |   |
|----------------------------------------------|---|---|
| bait                                         | Y | N |
| environmental control (eg frequent cleaning) | Y | N |
| ear tags                                     | Y | N |
| other:                                       |   |   |

**7) ANIMAL HEALTH PROCEDURES – THIS IS YOUR HEALTH PLAN**

Name/Phone Number of Veterinarian: \_\_\_\_\_

**Vaccination Program**

**Calves** (Defined < 6 months)

| Age | Vaccinating for | Age | Vaccinating for |
|-----|-----------------|-----|-----------------|
|     |                 |     |                 |
|     |                 |     |                 |
|     |                 |     |                 |

**Young stock** (Defined as 6 – 12 months)

| Age | Vaccinating for | Age | Vaccinating for |
|-----|-----------------|-----|-----------------|
|     |                 |     |                 |
|     |                 |     |                 |
|     |                 |     |                 |

**Cows/ Steers / Bulls** (Defined as 12 months or more)

| Age | Vaccinating for | Age | Vaccinating for |
|-----|-----------------|-----|-----------------|
|     |                 |     |                 |
|     |                 |     |                 |
|     |                 |     |                 |

**De-Worming Program**

**Calves** (Defined < 6 months)

| Age | Parasite/Application | Age | Parasite/Application |
|-----|----------------------|-----|----------------------|
|     |                      |     |                      |
|     |                      |     |                      |
|     |                      |     |                      |

**Young stock** (Defined as 6 – 12 months)

| Age | Parasite/Application | Age | Parasite/Application |
|-----|----------------------|-----|----------------------|
|     |                      |     |                      |
|     |                      |     |                      |
|     |                      |     |                      |

**Cows./ Steers / Bulls** (Defined as 12 months or more)

| Age | Parasite/Application | Age | Parasite/Application |
|-----|----------------------|-----|----------------------|
|     |                      |     |                      |
|     |                      |     |                      |
|     |                      |     |                      |

**External Parasite Control Program**

**Calves** (Defined < 6 months)

| Age | Parasite/Application | Age | Parasite/Application |
|-----|----------------------|-----|----------------------|
|     |                      |     |                      |
|     |                      |     |                      |
|     |                      |     |                      |

**Young stock** (Defined as 6 – 12 months)

| Age | Parasite/Application | Age | Parasite/Application |
|-----|----------------------|-----|----------------------|
|     |                      |     |                      |
|     |                      |     |                      |
|     |                      |     |                      |

**Cows./ Steers / Bulls** (Defined as 12 months or more)

| Age | Parasite/Application | Age | Parasite/Application |
|-----|----------------------|-----|----------------------|
|     |                      |     |                      |
|     |                      |     |                      |
|     |                      |     |                      |



**Foot Care**

Frequency of foot trimming for adult bison, if required: \_\_\_\_\_  
\_\_\_\_\_

Are foot baths used? Y    N

If so, what type of dip is used? \_\_\_\_\_

How often is solution changed? \_\_\_\_\_

**Management Procedures**

Disbudding/dehorning (prohibited) Unless performed by veterinarian

Age: \_\_\_\_\_ Method: \_\_\_\_\_ Is pain control used? Y    N

Castration: (prohibited) unless performed by Veterinarian

Age: \_\_\_\_\_ Method: \_\_\_\_\_ Is pain control used? Y    N

Are any other physical alterations performed? Y    N

If yes, please explain: \_\_\_\_\_

Describe management of orphan or feedlot calves. \_\_\_\_\_  
\_\_\_\_\_

**Animal handling and identification**

Types of handling aids used: \_\_\_\_\_

How are individual animals identified? \_\_\_\_\_

**8) CASUALTY STOCK POLICY**

**a. What is the protocol for handling and caring for non-ambulatory animals?**

**b. Emergency Euthanasia Plan (by age group)**

Emergency name and phone number: \_\_\_\_\_

Rendering or disposal service: \_\_\_\_\_

| STAGE OF PRODUCTION | EUTHANASIA METHOD OF CHOICE | ALTERNATIVE EUTHANASIA METHOD |
|---------------------|-----------------------------|-------------------------------|
| calves              |                             |                               |
| young stock         |                             |                               |
| adult bison         |                             |                               |

| INDIVIDUAL TRAINED AND APPROVED TO PERFORM EUTHANASIA ON FARM |                         |               |
|---------------------------------------------------------------|-------------------------|---------------|
| Name                                                          | Trained and Approved By | Approval Date |
|                                                               |                         |               |
|                                                               |                         |               |
|                                                               |                         |               |
|                                                               |                         |               |
|                                                               |                         |               |

*Producers should keep a copy of the AVMA “Guidelines for the Euthanasia of Animals” with their copy of the HFAC Standards.*

**c. Carcass Disposal Policy**

Method of carcass disposal (if rendering company or dead hauler used list name and number):

Method used to restrict access to carcasses present on farm/ranch:

Method used to reduce fly and odor nuisance (if applicable):

**9) ANIMAL RELATED EMERGENCY ACTION PLANS – THIS IS YOUR EMERGENCY ACTION PLAN**

Are emergency contact numbers posted by phones? Y    N

Are employees made aware of procedures to follow in an emergency? Y    N

Emergency Contacts: \_\_\_\_\_

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

Are local emergency services numbers posted by phones (Fire Dept., etc.)?                    Y        N

List Local Fire Dept.: \_\_\_\_\_

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

Normal stock water supplies: \_\_\_\_\_

Emergency stock water supplies: \_\_\_\_\_

Emergency water supply phone number: \_\_\_\_\_

Normal power sources: \_\_\_\_\_

Emergency power supplies: \_\_\_\_\_

Emergency power supply phone number: \_\_\_\_\_

Veterinarian name: \_\_\_\_\_

Veterinarian phone number: \_\_\_\_\_

## 10) RECORDS

*All animal health records must be retained for at least 1 year.*

The following information must be available either by using management software or by using HFAC forms (available for download at [www.certifiedhumane.org](http://www.certifiedhumane.org)):

|                                                                                                      | <b>Are records available?</b> |   |
|------------------------------------------------------------------------------------------------------|-------------------------------|---|
|                                                                                                      | Y                             | N |
| Animal deaths and causes                                                                             | Y                             | N |
| Medication records (reason for rx, drug used)                                                        | Y                             | N |
| Quarantine records of incoming bison                                                                 | Y                             | N |
| Record of feedstuff used (see Section 2 Herd Nutrition Plan)                                         | Y                             | N |
| Equipment and maintenance checks                                                                     | Y                             | N |
| Staff Training                                                                                       | Y                             | N |
| Record of stocking rates and pen/pasture sizes                                                       | Y                             | N |
| Record of actions taken on complaints about the operation's compliance with HFAC standards (ISO §15) | Y                             | N |

**11) STOCKPERSON COMPETENCY TRAINING – THIS IS YOUR TRAINING RECORD**

*List personnel who perform routine management procedures*

**Types of Procedure Used:**

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**Employee**

**Type of Training**

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**Employee**

**Type of Training**

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**Administration of Injections:**

**Employee**

**Type of Training**

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**Animal Husbandry or Animal Handling:**

**Employee**

**Type of Training**

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Additional Information you would like to provide to help evaluate your operation:

## PRODUCER AGREEMENTS

I/we \_\_\_\_\_, the duly authorized representative(s) of the operation described in this application, hereby affirm that all information supplied in this document and any attachments is true and accurate.

I affirm that I have read and understood the Humane Farm Animal Care (HFAC) standards applicable to my operation. I affirm my commitment to abide the HFAC certification polices, procedures and standards (§8.2.1.b.). No prohibited products or practices have been used, applied, or otherwise allowed to compromise the integrity of the products sold by me. I understand that failure to comply with the standards or giving false information may result in revocation of the certification of my operation.

I understand that the operation will be inspected annually and may also be subject to unannounced inspection and/or sampling for residues at any time. If the operation is a member of a Producer Group, I understand that the Internal Control System of the Producer Group will inspect the operation at least annually and that Humane Farm Animal Care may also conduct inspections of the operation. I agree to report any significant changes to the Farm Questionnaire to HFAC and to supply any information needed for evaluation of products to be certified (§8.2.1.b.).

I understand that submission of this application does not guarantee or imply certification. I give permission for HFAC, staff, committee members or field inspectors to visit my farm and examine fields, buildings, animals, files, documents and records, including but not limited to financial data and tax returns. I understand and agree that no HFAC staff member, board member, committee member, inspector, consultant, subcontractor, or volunteer shall be held liable or responsible for any amount in excess of the certification fees paid. I give my permission for HFAC to use subcontractors to perform tasks released to the process of certification (ISO §4.4.c.).

I give permission for HFAC to release information from my file to other recognized certification organizations for purposes of document review. I understand that HFAC will obtain confidentiality statement from the requesting certifier before releasing any information.

All information provided in this application will be held in strict confidence and will be used by the inspector, office staff and certification committee members for certification purposed only. The above individuals have disclosed potential conflicts of interest and are bound by confidentiality agreements. HFAC has my permission to obtain information, documents, or materials related to certification, suspension of certification, or revocation of certification from other certifiers.

\_\_\_\_\_  
*Signature Authorized Representative of the Producer (ISO §8.2.1)*

\_\_\_\_\_  
*Date*

# Application Instructions

Please complete and return the following to Humane Farm Animal Care, PO Box 727, Herndon, VA. 20172 :

1. Application
2. Processor Information
3. Processing Fee of \$75.00

Completion of the Application provides HFAC with the following information:

1. **Animal Health Plan** (this should be regularly reviewed in conjunction with a veterinarian.)
2. **Bio-security Policy** (to limit the introduction and/or spread of disease onto and within the production unit.)
3. **Nutrition Plan:** Covers all stages of production. What is fed and to which group. In conjunction with regular body condition scoring/weighting to monitor outcome of nutritional management. Safe, hygienic storage of all foodstuffs, the potential to trace back to source.
4. **Casualty Stock Management Policy:** to safeguard the welfare of any sick or injured animal requiring humane destruction on-farm and to protect the health interests of the consuming public.
5. **Disposal of Fallen Stock Policy:** to ensure the safe, hygienic and legal disposal of animal carcasses. The plan must cover stock dying as a result of natural causes or following on-farm casualty slaughter, and includes fetal material. It must be done in such a way as to not endanger other livestock or humans; such material must not be accessible to dogs and predators. The method must encourage rapid decomposition and destruction of infectious agents and not result in fly or odor nuisance: A number of options are available:
  - a. Disposal off farm via dead hauler, rendering company, licensed landfill site, licensed incinerator.
  - b. On farm burial or composting, if legal.
6. **Cleaning and Disinfection Policy:** cleaning and disinfection routines, including chemicals used to assist in the reduction of transmission of infectious agents. This plan must be an integral part of the Bio-Security Policy. The plan should consider:
  - a. Building and equipment;
  - b. Livestock, people, pests and moveable equipment;
  - c. Feed and water.
7. **Pest Control Policy:** Manage levels of potentially harmful vermin and pests (rodents, birds and flies) in order to keep to a minimum and avoid the risk of disease spreading to humans and animals, damage to buildings and services, and contamination and spoilage of feed.

8. **Farm Waste Management Policy:** Waste materials must be removed from animals accommodation on a regular basis and disposed of properly. Waste materials of any nature must not be a risk to animal health or compromise the control of pets and vermin. The plan will also include the management of clinical and pharmaceutical waste.
9. **Emergency Action Plan:** Instructions to staff in the case of fire, flood, freeze or drought. Provision of references for emergency services. Emergency water and feed supplies and necessary equipment.
10. **Stock-person Competency demonstrated,** and if possible validated, in husbandry methods (castration/disbudding, etc.) records of all staff with the responsibility for livestock, identifying livestock experience and any formal/informal training completed.
11. **Records:** Records periodically examined by vet/and or others (as an aid to management) provide the verification that objectives of the plan are being met or to prompt adjustments to the plans to ensure that objectives are realized in the future.

**You must be in the position to show the Certified Humane Inspector the following at his/her visit to the Unit:**

Death and reasons for (when known)

Culling rates and reasons for (when known)

Medication records including reason for use and withdrawal/safe sale date

Feed and feed ingredient records for previous year

Record of vital automatic equipment maintenance checks

List of routine farm maintenance checks

Training and/or experience of all staff involved in the livestock enterprises

Demonstrate safe, hygienic, well-maintained buildings/environment, handling equipment and automatic equipment.

**PLEASE ENSURE THAT A LIVESTOCK PROCESSOR INFORMATION FORM IS COMPLETED, SIGNED AND SUBMITTED WITH THIS APPLICATION. FAILURE TO PROVIDE THIS INFORMATION MAY CAUSE DELAY IN SCHEDULING YOUR INSPECTION. (Universal Application)**