

**TODAY'S DATE:**  
\_\_\_\_\_

**Certificate EXPIRATION DATE:** \_\_\_\_\_  
\*It is your responsibility to submit app at least 120 days before certificate expires.



# APPLICATION FOR CERTIFICATION OF BISON OPERATIONS

## GENERAL INFORMATION

PRODUCER NAME:			
FARM NAME:			
FARM ADDRESS:		MAILING ADDRESS:	
COUNTY:			
ORGANIZATIONAL STRUCTURE	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S-Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Other (please specify) _____		
ON FARM CONTACT			
TELEPHONE NO:	WEB ADDRESS/WEBSITE:	MOBILE NO:	
FAX NO:		EMAIL:	
OTHER CONTACT			
TELEPHONE NO:	WEB ADDRESS/WEBSITE:	MOBILE NO:	
FAX 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 Hauler (Transporter)?			Are haulers trained in emergency care?    YES    NO	
Name of Abattoir (Processor)? <i>(must complete Universal Application)</i>			Miles from your operation:	
Do you have a closed herd? (if "NO", please answer the following 3 questions)				
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)?			Miles from your operation:	

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):
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**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)

### 3) HERD BIOSECURITY POLICY

- 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).

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- 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?

### 4) FEED AND WATER

#### 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.
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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>	
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	Y	N

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

*List personnel who perform routine management procedures*

**Types of Procedures Used**

<b>Employee</b>	<b>Type of Training</b>
_____	_____
_____	_____
_____	_____

<b>Employee</b>	<b>Type of Training</b>
_____	_____
_____	_____
_____	_____

**Administration of Injections**

**Employee**

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**Type of Training**

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**Animal husbandry or animal handling**

**Employee**

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**Type of Training**

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

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## 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. 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.

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.

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*

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

**ALL ATTACHMENTS, INCLUDING DIAGRAM AND UNIVERSAL APPLICATION, ARE REQUIRED WITH SUBMISSION OF APPLICATION. FAILURE TO PROVIDE THIS INFORMATION MAY CAUSE DELAY IN SCHEDULING YOUR INSPECTION.**

## Application Instructions

1. **Complete** both the **Universal Application** and the attached **Application**.
  - a. *Applications are to be completed in their ENTIRETY.*
2. **Submit** the two **applications**
3. **Submit a diagram** of the facilities on a separate piece of paper that includes:
  - i. Dimensions of each building
  - ii. Equipment used (feeders, drinkers, etc.)
  - iii. Target air quality/temperature parameters
  - iv. Information about outdoor access, if applicable to your operation
4. **Submit** the Application Fee of \$75.00 to Humane Farm Animal Care.
  - a. [email the application fee]
  - b. Mail to Humane Farm Animal Care, P.O. Box 82, Middleburg, VA 20118

*Completion of the Application provides HFAC an overview of your facility and management, so it is important that you do your best to **fill out the entire application**. A thoroughly completed application will:*

1. **Avoid delays** in your certification.
2. **Reduce** the amount of time taken to conduct an **inspection**.

### **BEFORE YOU PROCEED**

**At the inspection, you must be prepared to show the HFAC Inspector the following at his/her visit to the Unit:**

- Death/mortality records and reasons for mortality (when known)
- Culling records and reasons for culling
- Medicine records retained for 1 year (including reason for use, drug used, and withdrawal/safe sale date)
- Stocking rates
- Feed and feed ingredient records for previous year
- Movement records (bought and sold dates)
- Production data
- 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.
- Emergency contacts
- Record of actions taken on complaints about the operation's compliance with HFAC standards