TODAY'S DATE:

Certificate EXPIRATION

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

## CERTIFIED HUMANE RAISED & HANDLED

# **APPLICATION FOR CERTIFICATION**

# **OF SHEEP OPERATIONS**

| <b>General Inform</b>  | IATION      | 1           |                                   |          |               |          |             |              |                           |          |     |
|--|-------------|-------------|-----------------------------------|----------|---------------|----------|-------------|--------------|---------------------------|----------|-----|
| PRODUCER NAME  |             |             |                                   |          |               |          |             |              |                           |          |     |
| FARM NAME  |             |             |                                   |          |               |          |             |              |                           |          |     |
| FARM ADDRESS:  |             |             |                                   |          | MAILING       | ADDRI    | ESS (if dif | ferent):     |                           |          |     |
| COUNTY:  |             |             |                                   |          |               |          |             |              |                           |          |     |
| LEGAL STATUS/<br>ORGANIZATIONAL STRUC  | TURE        |             | le Proprietor<br>n-Profit Organiz |          | rporation     |          |             | ty Corporati | on 🗆 Cor                  | poration |     |
| ON FARM CONTACT  |             |             |                                   |          |               |          |             |              |                           |          |     |
| TELEPHONE NO:  |             |             | WEB ADDRES                        | SS/WEB   | SITE:         | MOB      | ILE NO:     |              |                           |          |     |
| FAX NO:  |             |             |                                   |          |               | EMA      | IL:         |              |                           |          |     |
| OTHER CONTACT NAME   | :           |             | TELEPHONE I                       | VO:      |               | EMA.     | IL:         |              |                           |          |     |
|  |             |             |                                   |          |               |          |             |              |                           |          |     |
| List brand name(s) product   |             | der         |                                   |          |               |          |             |              |                           |          |     |
| TOTAL GRAZING AREA<br>(ACRES)  |             |             |                                   |          |               |          |             |              |                           |          |     |
| OTHER ADDRESSES<br>USED FOR HOUSING /  | 1           |             |                                   |          |               | 2        |             |              |                           |          |     |
| GRAZING STOCK<br>(or separate postal address)                                  |             |             |                                   |          |               |          |             |              |                           |          |     |
| GRAZING (ACRES)  |             |             |                                   |          |               |          |             |              |                           |          |     |
| MILES FROM MAIN UNI  | Т           |             |                                   |          |               |          |             |              |                           |          |     |
| MANAGED AS MAIN  |             |             | YES / NO                          | )        |               |          |             | YES /        | NO                        |          |     |
| UNIT<br>For more location  | ons, prov   | ide th      | e same details d                  | as abov  | e for other : | sites on | a separa    | te attached  | piece of pa               | per.     |     |
| TYPE OF UNIT<br>Check all that apply   |             |             | s 🗆 / Grass                       |          |               |          |             |              |                           |          | 1 🗆 |
| Total # of   | Lambs       |             | Feeders                           |          | Ewes          |          | Feeders     |              | Milking                   |          |     |
| Sheep  | Sold        |             | Sold                              | T        | Bought        |          | Bought      |              | Ewes                      |          |     |
| Average lbs. milk/year   |             |             |                                   | Aver     | age lbs. woo  | ol/year  |             |              |                           |          |     |
| Is this a closed herd? If no, list supplier you pu<br>(name, address, phone no | urchase fi  | □ No<br>rom |                                   |          |               |          |             |              |                           |          |     |
| Destination of Sheep Sol<br>(Customer)   |             | ishing      | ;                                 |          |               |          |             |              |                           |          |     |
| Name & Address of Aba<br>facility/location)                                    | ttoir (slau | ughter      |                                   |          |               |          |             |              | ers trained<br>ency care? | YES      | NO  |
| Name & Address of Mill<br>(complete Universal Application                      |             | or          |                                   |          |               |          |             | 1            |                           |          |     |
| Name of Wool Purchase  | r           |             |                                   |          |               |          |             |              |                           |          |     |
| Member of other quality program(s)?  |             |             | Name Of Qu                        | ality As | surance Prog  | ram(s):  |             |              |                           |          |     |

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### FARM QUESTIONNAIRE: SHEEP

#### 1) HERD BIOSECURITY POLICY

Describe quarantine and processing of newly purchased stock or those returning to the farm (including ewes, lambs, rams, and show animals).

| a. | Do vehicles entering farm premises have access restricted to specific areas of farm?   | Y | N |
|----|--|---|---|
| b. | Are visitors required to wear boots and other protective apparel and is their access restricted to specific areas of the farm, pending owner/manager approval? | Y | N |
|    | Explain:   |   |   |
| c. | Are employees trained in biosecurity measures?   | Y | Ν |
| d. | Are work routines conducted to minimize disease transmission among animal groups?  | Y | N |
| e. | Are sick animals segregated from the rest of the herd?   | Y | N |
|    | If yes, where?   |   |   |

#### 2) 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)

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#### 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? |

| Is feed free from growth promoters and sub-therapeutic antibiotics?             | Y | Ν |
|---|---|---|
| Are feed ingredient tags available for at least one year?                       | Y | N |
| Are basic rations for each grouping of animals available for at least one year? | Y | Ν |

Y

Ν

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 much bunk space is available for animals to use?                         |   |   |
| How often are feed bunks cleaned?  |   |   |
| Are sheep kept on grazing pastures during grass-growing season?              | Y | Ν |
| How is animal access to poisonous plants or unsuitable feedstuffs prevented? |   |   |

| Commodity Feed Area<br>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): |   |   |

How many days supply of feed is available on the farm?

#### Water

| What type of waterers do the sheep 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<br>If yes, please list:       | N |
| What is the primary water source for the farm?                                      |   |
| What are emergency or backup water sources?   |   |
| <u>Colostrum</u><br>Is a source of colostrum available for lambs which may need it? |   |
| If colostrum is given to a lamb, when is it given?                                  |   |
| Method used (bottle, tube):   |   |
| Volume administered:  |   |
| At what age are lambs weaned?   |   |

At what age are lambs provided forage or creep feed?

#### **3) BODY CONDITION SCORING**

When are animals body condition scored?

By whom?

What type of scoring system is used?

#### 4) FACILITIES

Describe your housing and pen/corral/pasture facilities (number, size, type, flooring, manure system).

What are the size and stocking rates for each building, pen, or pasture unit?

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

If applicable, describe facility ventilation systems.

| Where do ewes lamb?                           |                            |
|---|----------------------------|
| How often are ewes checked during lambing se  | eason?                     |
| How often are livestock checked during variou | s seasons?                 |
| Winter  | Spring                     |
| Summer  | Fall                       |
| What protection for animals from inclement we | eather is provided during: |
| Winter  |                            |
| Summer  |                            |
| What protection from predators (dogs, coyotes | , etc.) is provided?       |
|   |                            |
| How/where are rams housed?                    |                            |
| Cleaning and Disinfection Policy (skip if not | applicable to operation)   |
|   |                            |

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

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

#### Buildings (including milking parlor/dairy if applicable)

preparation

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

#### **Corrals/Pens/Barns**

preparation

cleaning method

disinfection

resting (drying)

drains

#### Equipment

preparation

cleaning method

disinfection

resting (drying)

#### **5)** WASTE MANAGEMENT POLICY (APPLICABLE TO FEEDLOT OR PENNED ANIMALS)

a. How often are pens/corrals scraped?

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?

Y

Ν

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

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#### 6) **PEST CONTROL POLICY**

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

| a. | Rodents  |   |   |
|----|--|---|---|
|    | traps  | Y | Ν |
|    | bait   | Y | Ν |
|    | limit access                                   | Y | Ν |
|    | covered feed storage                           | Y | Ν |
| b. | Birds  |   |   |
|    | bait   | Y | Ν |
|    | nets   | Y | Ν |
|    | covered feed storage                           | Y | Ν |
|    | noise or visual deterrents                     | Y | Ν |
| c. | Insects/Flies                                  |   |   |
|    | bait   | Y | Ν |
|    | environmental control (e.g. frequent cleaning) | Y | Ν |
|    | ear tags                                       | Y | Ν |
|    | other:   |   |   |

#### 7) ANIMAL HEALTH PROCEDURES

#### Vaccination Program

#### Lambs

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

#### Adults

| Age | Vaccinating for | 1 |
|-----|-----------------|---|
|     |                 |   |
|     |                 |   |
|     |                 |   |

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

#### **Milking Ewes**

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

#### **De-Worming and Internal Parasite Control Program**

#### Lambs

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

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

#### Adults

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

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

#### **Milking Ewes**

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

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

### External Parasite Control Program

#### Lambs

|     | -                           |
|-----|-----------------------------|
| Age | <b>Parasite/Application</b> |
|     |                             |
|     |                             |
|     |                             |
|     |                             |

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

#### Adults

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

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

#### **Milking Ewes**

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

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

#### Foot Care

Frequency of foot trimming for adult sheep:

| Management Procedures<br>Disbudding<br>Age: | Method: |
|---|---------|
| Castration:                                 |         |
| Age:  | Method: |
| <u>Tail Docking</u><br>Age:                 | Method: |

Describe management of orphan lambs.

#### Shearing and Pre-lambing Care

Frequency of shearing adult sheep:

Time of year sheep are shorn:

Are ewes tagged or crutched before lambing?

What procedures are taken to protect newly shorn sheep from stressful weather conditions?

#### Animal handling and identification

Types of handling aids used:

How are individual animals identified?

#### 8) CASUALTY STOCK POLICY

#### a. Emergency Euthanasia Plan (by age group)

| EUTHANASIA METHODS   |                                |                                  |  |
|----------------------|--------------------------------|----------------------------------|--|
| STAGE OF PRODUCTIONS | EUTHANASIA METHOD OF<br>Choice | ALTERNATIVE EUTHANASIA<br>Method |  |
| newborn lambs        |                                |                                  |  |
| young stock (lambs)  |                                |                                  |  |
| adult sheep          |                                |                                  |  |

| INDIVIDUAL TRAINED AND APPROVED TO PERFORM EUTHANASIA ON FARM |                                    |  |
|---|------------------------------------|--|
| NAME  | TRAINED AND APPROVED BY APPROVAL D |  |
|   |                                    |  |
|   |                                    |  |
|   |                                    |  |
|   |                                    |  |
|   |                                    |  |

Producers should keep a copy of The Emergency Euthanasia of Sheep and Goats, from the California Department of Food and Agriculture and Veterinary Medicine Extension UC Davis, with their farm plan (available for download at <u>www.certifiedhumane.org</u>).

#### b. 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                                  |   |   |  |
|---|---|---|--|
| Are emergency contact numbers posted by phones?                           | Y | Ν |  |
| Are employees made aware of procedures to follow in an emergency?         | Y | Ν |  |
| Emergency Contacts:   |   |   |  |
| Phone Numbers:  |   |   |  |
|   |   |   |  |
| Are local emergency services numbers posted by phones (Fire Dept., etc.)? | Y | Ν |  |
| 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 <u>www.certifiedhumane.org</u>):* 

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

#### 11) STOCKPERSON COMPETENCY TRAINING

List personnel (or family members if operation is family-owned and -operated) who perform routine

on farm procedures.

#### **Disbudding/dehorning**

Method used:

Caretaker

**Type of Training** 

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### Castration

| Method used:                        |                  |
|-------------------------------------|------------------|
| Caretaker                           | Type of Training |
|                                     |                  |
| Tail Docking                        |                  |
| Method used:                        |                  |
| Caretaker                           | Type of Training |
|                                     |                  |
| Administration of Injections        |                  |
| Caretaker                           | Type of Training |
| Animal husbandry or animal handling |                  |
| Caretaker                           | Type of Training |
| Shearing                            |                  |
| Caretaker                           | Type of Training |
|                                     |                  |
|                                     |                  |

### **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 by 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 filed 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 of Authorized Representative of 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