

TODAY'S DATE:

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



APPLICATION FOR CERTIFICATION OF YOUNG DAIRY BEEF OPERATIONS

GENERAL INFORMATION

| | | | |
|--|---|------------------|--|
| PRODUCER NAME: | | | |
| FARM NAME: | | | |
| FARM ADDRESS: | | MAILING ADDRESS: | |
| COUNTY (for US producers): | | | |
| 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 NAME: | TELEPHONE NO: | EMAIL: | |
| List brand name(s) product is sold under | | | |

| TYPE OF OPERATION <i>Circle applicable items</i> | Indoor | Outdoor | |
|---|----------------|---------------------------|----------------|
| Total number in last 12 months: | Calves Bought: | Calves Sent to Slaughter: | Calves Culled: |
| Name and Address of Dairy/source of calves | 1. | 2. | 3. |
| # calves supplied in last 12 months: | | | |

For more locations, provide the same details as above for other sites on a separate attached piece of paper.

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

FARM QUESTIONNAIRE: YOUNG DAIRY BEEF

1) FACILITIES

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

1. Physical address of the property
2. Total acreage of the property
3. The location and size of each pen/pasture/corral
4. The location and size of buildings and structures, including
 - a. A description of the type of building/structure, the flooring, type of bedding, and ventilation system in each building/structure
 - b. Whether calves are housed individually or in groups in each building/structure, and the maximum stocking rate for each building/structure
5. The location of feeders and drinkers inside each building/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.):

How often are livestock checked?

What protection for animals from inclement weather is provided during:

Winter _____

Summer _____

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

Cleaning and Disinfection Policy

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

Pens/Barns/Hutches

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

Equipment

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

2) WASTE MANAGEMENT POLICY

- a. How often are indoor pens cleaned? _____
- b. How often is bedding replaced or new bedding added? _____
- c. How often are outdoor pens scraped?
Winter: _____
Summer: _____
- d. How is manure disposed of:
Composting Spread on land: How much acreage is available? _____
Lagoon Other: _____
- e. 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

1. Calves (for young dairy beef)

2. Other bovine stock (including cows, bulls, heifers, steers, and show animals).

b. Do vehicles entering farm premises have access restricted to specific area 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

Suppliers of Feed/Milk/Milk Replacer

Name:

Address:

Telephone No.:

Major source/minor source (circle one)

Milk Milk replacer Forage Grain (circle one)

Name:

Address:

Telephone No.:

Major source/minor source (circle one)

Milk Milk replacer Forage Grain (circle one)

Name:

Address:

Telephone No.:

Major source/minor source (circle one)

Milk Milk replacer Forage Grain (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.

What type of feeding equipment is used? _____

Is feed equipment filled manually or automatically? _____

How often is feed equipment (buckets, bottles, bunks etc.) cleaned? _____

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

Do calves have access to pastures during grass-growing season? Y N

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

Commodity Feed Area

Are feed supplies kept covered and dry? 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 calves have access to? _____

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

How often are waterers checked? _____

How often are waterers cleaned? _____

Are waterers 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

Do all calves (heifers and bull calves) receive colostrums within the first 8 hours of life? Y N

Are records available to verify the supply of colostrum? Y N

At what age are calves weaned (complete removal of milk/milk-replacer)? _____

At what age are calves provided forage or creep feed? _____

At what age are calves housed in groups? _____

5) BODY CONDITION SCORING

When are animals body condition scored?

By whom?

What type of scoring system is used?

6) TRANSPORTATION

At what age are calves transported to your facility? _____

What is the transit time from source dairy to your facility? _____

Describe the type of vehicle is used to transport young calves (including environmental control features)?

7) 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: | | |

8) ANIMAL HEALTH PROCEDURES

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 |
|-----|-----------------|-----|-----------------|
| | | | |
| | | | |
| | | | |

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 |
|-----|----------------------|-----|----------------------|
| | | | |
| | | | |
| | | | |

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 |
|-----|----------------------|-----|----------------------|
| | | | |
| | | | |
| | | | |

Management Procedures

Are physical alterations, such as disbudding, castration, tail docking carried out on calves (either on site or prior to transport to your facility)? Y N

If yes, explain the reasons for procedure, age of animal and methods used.

Animal handling and identification

Types of handling aids used: _____

How are individual animals identified? _____

How are non-ambulatory animals handled (methods of moving etc.)? _____

9) 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 | | |

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

Producers should keep a copy of the "Practical Euthanasia" of Cattle by American Association of Bovine Practitioners with their farm plan.

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):

10) ANIMAL RELATED EMERGENCY ACTION PLANS

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: _____

11) 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):

| | Are records available? | |
|--|-------------------------------|---|
| Animal deaths and causes | Y | N |
| Medication records (reason for Rx, drug used) | Y | N |
| Quarantine records of incoming cattle | 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 |

| |
|--|
| 12) STOCKPERSON COMPETENCY TRAINING |
|--|

List personnel who perform routine management procedures

Administration of Injections

| Employee | Type of Training |
|----------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Animal husbandry or animal handling

| Employee | 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 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