

# Preapproval Application and Bull/Cow Affidavit Laura's Lean Beef Company

## PREAPPROVAL APPLICATION

As a supplier of feeder calves, finished cattle, bulls or cows for the Laura's Lean Beef Company program, the undersigned hereby agrees that he/she will follow the Laura's Lean Beef Company management procedures for producing cattle, bulls or cows that may be offered to Laura's Lean Beef Company in the future, specifically:

- That in producing steers/heifers, bulls or cows for Laura's Lean Beef Company, the following are prohibited from use:
  - antibiotics, including ionophores. Some of the antibiotics commonly used with cattle include, but are not limited to: Chlortetracycline, Oxytetracycline and Tylosin. The antibiotic ionophores are also included in this classification and include Monensin, Lasalocid and Laidlomycin.
  - growth hormones, growth promotants or steroids cannot be used in the feed or via implant
  - feeds containing reprocessed animal tissue, fecal material, garbage or food waste
- Any steers/heifers or bulls receiving treatment with antibiotics will be identified and removed from the program.
- That the animals will be raised in a humane manner, following good animal husbandry practices

The Producer hereby acknowledges receipt of the above Laura's Lean Beef Company Animal Husbandry Guidelines.

**The undersigned agrees with the above, has read the Laura's Lean Beef Company Animal Husbandry Guidelines (above) and wants to be a Laura's Lean Beef Company Producer. (Keep an extra copy for your records.)**

## BULL & COW AFFIDAVIT

This bull/cow(s) (# \_\_\_\_\_ head) has been owned and cared for by the undersigned since its purchase or Birth. The undersigned guarantees that this bull/cow(s) has been born in the United States, and was raised or maintained without growth hormones or antibiotics, including ionophores and other requirements, as outlined above.

**Bull/Cow Back/EarTag No:** \_\_\_\_\_ **Sale Date:** \_\_\_\_\_

**Cradle to Grave: (Check)** \_\_\_\_\_ **20 Month: (Check)** \_\_\_\_\_  
**(No antibiotics birth on)** **(No antibiotics within last 20 months)**  
**DATE OF BIRTH:** \_\_\_\_\_ **LENGTH OF OWNERSHIP \*\*\*:**  
**MO / YR** \_\_\_\_\_ **YRS** \_\_\_\_\_ **MOS** \_\_\_\_\_

**>>> AFFIDAVIT INVALID WITHOUT LENGTH OF OWNERSHIP OR DATE OF BIRTH. <<<**  
**>>> Bull/Cow(s) *MUST* be owned at least 20 months or since Birth <<<**

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Area Code Telephone

\_\_\_\_\_  
Producer Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Farm Name (if applicable)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Producer ID#