

Pre-approval Application and Cow/Calf Affidavit Laura's Lean Beef Company

PRE-APPROVAL APPLICATION

As a supplier of feeder calves, finished cattle or bulls 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 or bulls that may be offered to Laura's Lean Beef Company in the future, specifically:

- That in producing steers/heifers or bulls 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.)

Producer Signature

Producer Name (Please Print)

Farm Name (if applicable)

Producer ID#

Area Code Telephone

Address

City State Zip

Today's Date

COW/CALF AFFIDAVIT

The above signature guarantees that these cattle (_____ steers and _____ heifers) to be sold to _____ have been owned and cared for by me since their birth from _____ to _____. (3 month birth date range)
(Month / Day / Year) (Month / Day / Year)

These steers/heifers have been raised without hormone implants and antibiotics. Furthermore, while owned by me, and under my care, have been fed only natural feed and rations such as: grass pastures, legume pastures, hay, grain silage, grains and pellets made from grains or grasses.

Transfer Date (Last Date of Ownership)

_____ (Month / Day / Year)

OFFICE USE ONLY	
C/C Bonus Eligible	_____
Rep	_____

Cow Herd _____ Backgrounder _____ Finisher _____
--

Health Record		(Dates of Treatment)			
Treatment	Product				
Clostridial					
Pasturella					
IBR,PI3,BVD,BRSV					
H. Somus					
Internal Parasites					
External Parasites					
Mycoplasma					
Bunk Broke					
Dehorned					

LLB Ear Tags Color _____

Numbers _____