

## CERTIFIED LIVESTOCK PRODUCTS SUPPLEMENT (OTHER THAN DAIRY)

### SECTION I. OVERVIEW

1.1. Identify ALL livestock to be certified organic in the table below. If the source of a particular livestock type is not your own farm, you must identify where livestock came from (Question 1.2) and be able to show your inspector proof that the animals are organic.

<b>Livestock Type</b>	<b>Breed(s)</b>	<b># Males</b>	<b># Females</b>	<b># Bred or for breeding</b>	<b>Total Number on Farm</b>	<b>Source own farm? Check if Yes.</b>	<b>For Sale?</b>	<b>Estimate # or units for market this year</b>	<b>Inspector Use Only</b>
Beef Cows						<input type="checkbox"/>	<input type="checkbox"/>		
Chickens (layers)						<input type="checkbox"/>	<input type="checkbox"/>		
Chickens (meat)						<input type="checkbox"/>	<input type="checkbox"/>		
Ducks						<input type="checkbox"/>	<input type="checkbox"/>		
Goats						<input type="checkbox"/>	<input type="checkbox"/>		
Hogs						<input type="checkbox"/>	<input type="checkbox"/>		
Sheep						<input type="checkbox"/>	<input type="checkbox"/>		
Turkeys						<input type="checkbox"/>	<input type="checkbox"/>		
Deer						<input type="checkbox"/>	<input type="checkbox"/>		
Other:						<input type="checkbox"/>	<input type="checkbox"/>		

1.2. Do you produce any conventional livestock and livestock products?  Yes  No

1.3. Do you butcher & process meat on your farm?  Yes  No. If YES, you will need to complete an on-farm Processor Supplement.

**If NO, please identify butcher(s):**

1.4. List last year's acquisitions of livestock and date(s) of each purchase (use additional sheets if necessary) below. If not from your own farm, the source must have been organically raised from the last third of the gestation, or in the case of birds, from the day 2 outside the eggshell.

<u>What was purchased?</u>	<u>Date Acquired</u>	<u>Source</u>	<u>Inspector Use</u>

**Pages 2-4 are intended to capture information about feed, healthcare, and general management for one livestock species on your farm that you intend to certify as organic. If you are certifying several livestock species (e.g., goats, sheep, chickens), you must make copies of these pages and complete a set for each species.**

LIVESTOCK SPECIES (specify one): \_\_\_\_\_.

**All information provided on the following pages pertains to this specific herd or flock.**

**SECTION II. FEEDS.**

2.1. Do you produce ORGANIC PASTURE, HAY, SILAGE AND GRAINS FOR YOUR LIVESTOCK ON YOUR OWN FARM?  Yes  No. If yes, be sure to complete the Crop Supplement and Field Forms.

*All farms including dairy and livestock operations must complete the Organic Farm Plan Form.*

2.2. Do you purchase hay or silage?  Yes  No. If YES, identify the source and approximate amounts. *Example: **silage Little Joe Cartwright Ponderosa, ME 20 Tons***

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See my Dairy Supplement for this information!

2.3. Do you purchase grain (concentrates) to feed your animals?  Yes  No. If YES, describe grains purchased in the table below. ( See my Dairy Supplement for this info!)

Type of Feed or Grain	Source	Certified Organic By Whom	Amount Purchased Last 12 months	Inspector Only
<i>Example:</i> <b>Pre mix pellets</b>	<b>P.A. Lessard</b>	<b>ECO CERT</b>	<b>60 tons</b>	
<b>TOTAL GRAINS (CONCENTRATES) PURCHASED:</b>				

**Have all of your receipts and certificates ready to show your inspector.**

2.4. Do you use any feed supplements, minerals, additives, silage inoculants, or preservatives?  
 Yes  No. If YES, complete the table below. ( See my Dairy Supplement for this info!)

<u>Name of Supplement, Additive or Inoculant.</u>	<u>Source</u>	<u>Status</u> (A) Approved (R) Restricted (DK) Don't know	<u>Describe how/why product is used</u>	Inspector Only
Eg.: <b>Thorvin Kelp</b>	<b>Thorvin Inc New Castle VA</b>	<b>Approved</b>	<b>Add to feed for minerals</b>	

*If you use a mineral mix, please attach a tag (ingredients label).*

2.5. Completely describe the diet of this herd or flock. Report what is fed and in what quantities (specify units) to each animal each day. Be sure to distinguish differences between young stock and production stock or males and females, as appropriate for this livestock species. Report also how diet changes with season (winter vs. summer). If animals are on pasture, specify what average percentage of their diet comes from pasture and specify what months animals are on pasture.

**SECTION III. HEALTH & WELFARE**

3.1. Describe the access to the outdoors that animals have on a daily basis. Be sure to discuss access for each age class, and for each season—winter vs. summer.

3.2. Describe parasite (external & internal) control on your farm. What methods do you use to reduce parasite infestation? Include methods used to prevent infestations and reduce infestations.

3.3. Do your animals have any recurring health problems?  Yes  No. If YES, please complete the table below.

Problem	Age Group	Management Protocol	
		Medical	Environmental
<i>e.g., Scours</i>	<i>Calves</i>	<i>Electrolytes</i>	<i>Change bedding more</i>

3.3. List all vaccinations given over the past year. ( See my Dairy Supplement for info!)

3.4. List all other medical treatment (including dehorning, castration or hoof trimming) routinely or occasionally given.

<u>Age/Production Class</u>	<u>Medical Treatment</u>	<u>Reason for treatment</u>	<u>Inspector Use</u>

3.5. Please provide the name, phone, and address of your regular veterinarian.

Name: \_\_\_\_\_ ( See my Dairy Supplement!)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_