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| Contact Information | | | | | | Section 1 | |
| Legal Name of Operation: | | | | | | Date: | |
| Physical Address(es) of all sites: | |  | | | | | |
| Mailing Address (if different from above): | | | | | | | |
| Fax: | | Email: | | Website: | | | |
| Type of Business:  Individual  Individual “doing business as”:  General Partnership Names of Owners/Partners:  Corporation Name of President:  Other: | | | | | | | |
| Does your operation hold any other certifications?  If yes, please specify: | | | | | Yes | | No |
| Primary Certification Contact  The person listed below will be the Primary Certification Contact. The person acting as the primary certification contact must have knowledge of the operation’s management practices and by being listed here will have access to any information contained in this application. The primary certification contact will be the individual to receive all certification related correspondence. | | | | | | | |
| Name of Primary Contact Responsible for Certification: | | |  | | | | | |
| Title: | Mailing Address: | | Phone Number: | | | Email Address: | |
| Additional Contacts  Additional people may be named as contacts for Food Alliance staff or auditors regarding this file, or during the audit and certification process. These contacts may be consultants, managers, employees, administrative assistants, etc. | | | | | | | |
| Name | Job Title | | Phone Number | | | Authorized to speak on behalf of this company? | |
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| Operation Profile | | | Section 2 |
| Background Information | | | |
| How did you find out about the Audubon Conservation Ranching Certification Program? | | | |
| If you have a primary Audubon contact person, please list contact details here:  Name:  Phone Number:  Email Address: | | | |
| Please describe the history of your operation, and how you learned to farm or ranch. | | | |
| Please tell us about an aspect of your operation you are particularly proud of. | | | |
| Please tell us about an aspect of your operation you have been working to improve upon. | | | |
| Acreage | | | |
| What is the total acreage of your operation? | | | |
| Acres owned: | Acres rented/leased: | | Acres in public land permits: |
| Of your total acreage, how many acres are in the following?  Cropland:  Pasture:  Rangeland: CRP, RIM, CREP or other conservation programs:  *Please specify:* Woodland (acres):  Wetland (acres):  Streams (miles):  Ponds or lakes (acres):  Farmstead (acres):  Other: | | | |
| Crops and Livestock Produced on the Operation | | | |
| Please list average numbers of ALL income-producing livestock you have on your operation. (Currently, Audubon Certification is available for beef cattle only. However, additional ruminant species may be eligible for certification at a future date.) | | | |
| Livestock Type | | Number of Market or Production Animals per year | |
| **Beef Cattle** | |  | |
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| Please list crops produced on the operation and associated acreage.  N/A No crops produced | | |
| Crop | Acreage | Crop fed to livestock? |
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| Livestock Production | | | | | Section 3 | |
| Operation Type | | | | | | |
| Please indicate which of the following best describes your beef operation:  Cow/Calf Operation  Stocker Operation  Finishing Operation   Other: | | | | | | |
| For your beef operation, do you purchase animals for grazing on your operation?  Yes  No If yes, please indicate:  Average age of animals at purchase:  Are animals purchased from Audubon-certified operation(s)?  Yes  No  Average length of time animals are on your operation prior to being transported off-farm (to another operation or for slaughter): | | | | | | |
| Carrying Capacity | | | | | | |
| Describe how you determine the number of animals you can raise on your operation. How do you know if you have too many animals? Too few? | | | | | | |
| Livestock Identification Methods | | | | | | |
| Please describe your livestock identification method(s) | | | | | | |
| How are livestock treated with antibiotics (or any prohibited feedstuffs) marked, segregated, and tracked? | | | | | | |
| Living Conditions | | | | | | |
| Do livestock spend any part of the year in a confined feeding situation? (Please note confinement may include confined winter feeding areas, loafing sheds, free stall barns, corrals, etc.)   Yes  No *If no, please skip to next section – animal health & nutrition*  If yes, please describe type of confined housing, livestock type, and average length of time animals are confined: | | | | | | |
| Please indicate reason animals are confined. (Check all that apply.)  Inclement weather  Animals’ stage of life  Conditions under which the health, safety, or wellbeing of the animal could be jeopardized  Preventive healthcare procedures or for the treatment of illness or injury  Sorting or shipping animals and livestock sales  Breeding  Finishing  Other (please specify): | | | | | | |
| Please elaborate on the conditions or situation of any of the confinement periods selected above: (i.e., weather conditions, why animals’ health or safety may be at risk, etc.) | | | | | | |
| Animal Health & Nutrition | | | | | | |
| Describe common animal health problems and how often they occur. | | | | | | |
| How is the health of animals evaluated? (Check all that apply.)  Body condition scoring  Physical characteristics  Testing What testing is done?   Visual assessment  Behavior  Other (please specify): | | | | | | |
| Who is responsible for administering health treatments? | | | | | | |
| Where are health materials stored on the operation? | | | | | | |
| Is a veterinarian part of your health management system?  Yes  No If yes, please describe your veterinarian services (frequency of visits, for what purpose, etc.): | | | | | | |
| Are written health records maintained to document treatments made on your animals?  Yes  No If Yes, please indicate if your health records include the following information:  Individual animal ID  Group ID  Materials used  Reasons for use  Duration of use  Other (please specify): | | | | | | |
| Are antibiotics used in your livestock operation?  Yes  No  If yes, when? | | | | | | |
| *If antibiotics are used, please complete this table.* | Name of Antibiotic | Livestock type (beef cattle, sheep, etc.) | Average number of animals treated per year | Age at which animals are treated | | Reason for treatment |
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| Please list any products used to treat external or internal parasites. | | | | | | |

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| Grazing systems |
| What are your philosophy and goals regarding grazing management on your operation? |
| Do you supplement grazing with other feed? If so, please indicate the type of feed, time of the year feed is supplemented, and for how many months? |
| Which best describes your grazing plan (in terms of planning for frequency of rotations, pasture/range health, etc.).   Written & well-documented  Partially written and/or documented  Developed, but not written down How often is your grazing plan updated? |
| What is done on your operation to minimize grazing on growing grass and/or plants too soon? |
| What methods do you use to monitor the health of your pasture/rangeland?    How often is monitoring conducted? |
| Do animals have access to riparian or buffer areas?  Yes  No If so, how is access controlled? |
| Describe livestock watering systems in pastures or rangelands and how they are maintained. |
| Are all grazing areas under your direct management?   Yes  No  If no, describe the arrangements you have made to ensure all grazing management meets certification requirements: |
| Are market animals finished on your operation?  Yes  No  If “no”, please provide a description of the finishing operation(s) and where it is located: |
| Animal Welfare, Humane Care, and Animal Handling |
| How do you provide for your animals’ need to exhibit natural behavior patterns and physical activity? |
| Please comment on the demeanor of your animals when you handle them, and describe your approach to handling and working with them. |
| Please list any trainings, workshops, or readings on low-stress handling techniques you or other animal handlers have completed. |

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| Please indicate which of the following describes your handling facilities. (Check all that apply.)   Old and in need of repair  Old, but retrofitted to meet animal welfare needs  New and/or low-stress design  Other (please specify): |
| **What is done to minimize stress and optimize health of animals when the following activities occur:** |
| Calving: |
| Weaning: |
| During severe weather: |
| During transportation: |
| When vaccinating/giving medical care: |
| Livestock for Slaughter |
| Are livestock slaughtered or processed on your operation?  Yes  No  N/A If no, please list where slaughter and/or processing takes place: |
| At what point do livestock leave your ownership? |

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| Documentation and Records | | | | Section 4 |
| Auditors evaluate an operation’s conformance to Audubon Conservation Ranching Program requirements by utilizing a variety of verification methods, including documentation review, on-site observations, and interviews with applicants. The following documentation should be maintained and either submitted at the time of application or made available during on-site audits or upon request. Please complete the following table accordingly: | | | | |
| Document Type: | Submitted with application? | Available during on-site audit or upon request | Document is not currently maintained | Comments or notes: (If not applicable, please indicate “N/A” and provide explanation) |
| Audubon Habitat Management Plan – HMP (*Note: This document MUST be submitted with this application.)* |  |  |  |  |
| Grazing Management Plan |  |  |  |  |
| Annual Priority Bird Species Monitoring Records |  |  |  |  |
| Supplemental feeding records (type of feed, dates fed, amounts, location) |  |  |  |  |
| Feed purchase records (supplier invoices) |  |  |  |  |
| Pesticide, Herbicide, Fertilizer application records (including pesticides used to treat livestock pests and vertebrate pest control) |  |  |  |  |
| Haying records (date of cuttings, pasture/field ID) |  |  |  |  |
| Livestock grazing records (field ID, stocking rates, duration of grazing, movement dates) |  |  |  |  |
| Mineral and Vitamin, Protein supplement feed tags/purchase records |  |  |  |  |
| Heard health and vaccination records (including all medications administered to livestock) |  |  |  |  |
| Grass/forage seed purchase records (species, amount) and planting records (date of planting, pasture/field ID) |  |  |  |  |

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| **Use of Audubon Certification Seals and Trademarks** | | | | Section 5 |
| *Requirements for the use of the “Grazed on Audubon Certified Bird Friendly Land” certification seal and other Audubon trademarks can be found in (INSERT DOCUMENT NAME). This section needs to be further developed.* | | | | |
| **Primary Marketing Contact**  The person listed below will be the Primary Marketing Contact. This individual is responsible for labeling and marketing your operation’s “Audubon Certified” products. | | | | |
| Name of Primary Marketing Contact: | | | | |
| Title: | | Mailing Address: | Phone Number: | Email Address: |
| **Certified Product Information**  Please list all products on which you wish to make a certification claim, and the primary sales outlets for these products. “Products” may include live animals, whole carcasses, cuts of meat, or processed meat products (e.g. hamburger, beef jerky, sausage, etc.). | | | | |
| Product Type | Brand | What are the primary sales outlets for this product?  (retail markets, wholesale distributors, web sales, on-farm sales, restaurants, other Audubon Certified operations, etc..): | | Approximate Annual Sales |
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