

**PREFERRED BEEF GROUP
PREAPPROVAL APPLICATION AND BULL/COW AFFIDAVIT**

As a supplier of feeder calves, finished cattle, cows or bulls for the Preferred Beef Group program, the undersigned hereby agrees that he/she will follow the Preferred Beef Group management procedures for producing cattle that may be offered to Preferred Beef Group in the future as No Hormones Added and No Antibiotics Added, 100 % Vegetarian Diet.

That in producing cattle for Preferred Beef Group 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, cows or bulls receiving treatment with antibiotics will be identified and removed from the program.

That animals will be raised in a humane manner, following good animal husbandry practices.

The Producer hereby acknowledges receipt of the above Preferred Beef Group Animal Husbandry Guidelines. Furthermore, while owned by me, and under my care, have been fed only the feeds outlined on the feed rations sheet that is attached.

The undersigned agrees with the above, has read the Preferred Beef Group Animal Husbandry Guidelines (above) and wants to be a Preferred Beef Group Supplier of No Hormones Added and No Antibiotics Added Cattle, 100% Vegetarian Diet.

Bull/Cow Affidavit

These bull/cow(s) (# _____ head) has been owned and cared for by the undersigned since their purchase or birth. The undersigned guarantees that these bull(s)/cow(s) has been raised or maintained without growth hormones or antibiotics, including ionophores and other requirements, as outlined above.

Back Tag/Ear Tag No: _____ Sale Date _____

If Raised (Check) _____

If Purchased (Check) _____

Date of Birth
Month/Year _____

Length of ownership
Yrs _____ Months _____

Producers Signature

Telephone #

Print Name

Address

Farm Name/ID

City State Zip