

Recertification Contract

WYOMING BEEF QUALITY ASSURANCE PROGRAM

BQA Checklist and Contract

I am committed to producing beef cattle, which are safe, wholesome, high quality, consistent and produced in an environmentally sound manner. To do this I will strive for the following:

Feedstuffs/Feed Additives

- ✓ A quality feed control program will be maintained for all incoming feed ingredients.
- ✓ Only FDA-approved medicated feed additives will be used in rations.
- ✓ Proper withdrawal time for all additives and pesticide/herbicide use will be observed to avoid violative residues.
- ✓ Ruminant derived protein sources will not be fed.

Processing/Treatment & Records

- ✓ Extra-label drug use will only be used when prescribed by a veterinarian with a valid veterinarian-client-patient relationship.
- ✓ Records will be maintained for all treatments (individual or group) following BQA suggested record keeping guidelines and will be kept for a minimum of three years.
- ✓ All processing and treatment records will be transferred with the cattle to the next production level.

Injectible Animal Health Products

- ✓ All injections will be administered in the neck region only. This includes both subcutaneous and intramuscular injections.
- ✓ All individual treatments will strictly follow only FDA/USDA/EPA guidelines, and products that cause tissue damage will be avoided.

Care and Husbandry Practices

- ✓ Cattle management will follow animal care and well-being guidelines that conform to good veterinary and husbandry practices to avoid bruising, stress or injury.
- ✓ Regularly evaluate and implement biosecurity practices.

Signature: _____ Date: _____

WY-BQA Certified Trainer Signature: _____ Trainer BQA #: _____

* * * * *

Name: _____ Business Name: _____

Address: _____ City: _____ ST _____ Zip: _____

E-mail: _____ Phone: _____ Fax: _____

Circle those that apply to your business: Feedlot Cow/Calf Seedstock Stocker Other

Employees, please list employer's name and address

| | | |
|----------------------------|---------------------------|------------------|
| WBC Office Use Only | BQA Certification # _____ | |
| Date Received: _____ | Date on Computer: _____ | Card Sent: _____ |