

FIVE RIVERS CATTLE FEEDING

28625 U.S. Highway 34 Kersey, Colorado 80644 Phone: 970.670.0973

Fax: 970.356.6070

All Natural Cattle Affidavit					
(For Office Use)					
Contract #	<u>Lot #</u>				

Each Location (Ranch-Background-Feedlot) MUST COMPLETE IN FULL, their respective section. Retain a copy for your records and forward affidavit to Five Rivers within a month of delivery.

THE CATTLE REPRESENTED BY THIS AFFIDAVIT HAVE:

- Never received growth promotants, synthetic hormones, or steroids of any kind.
- Never received antibiotics; including ionophores.
- Never been fed any animal-derived feedstuffs.
- A minimum of 50% Red or Black Angus Genetics.
- No Dairy influence.
- U.S. Born and Raised origin.

Cow/Calf Producer: (Please print)

 Been raised in compliance w/ HFAC Animal Care Standards for beef cattle.

NON-ALLOWABLE PRODUCTS (Including but not limited to):

Actogain, Compudose, Component, Dexamethasone, Encore, Estroplan, Estrumate Lutalyse, Prostamate, Ralgro, Revalor, Synovex, MGA, Heifermax, Optaflexx, Zilmax. Antibiotics - Advocin, AS700, LA200, Aureomycin, Baytril, Biomycin, CTC, Draxxin, Neomycin, Enroflox, Erythromycin, Excede, Excenel, Gallimycin, Gentocin, Hexasol, Micotil, Naxcel, Norfenicol, Nuflor, Oxytetracycline, Penicillin, Pulmotil, Resflor, Spectinomycin, Sulfa's, Terramycin, Tetradure, Tylan, Tylovet, Zactran, Zuprevo. Ionophores - Bovatec, Cattlyst, Gain-Pro, Rumensin, V-Max.

Feedstuffs - Feather meal, Fish Oil, Tallow, Poultry Litter, Yellow Grease Milk Replacer(post-wean).

All records must be retained for a minimum of three years and made accessible to a Five Rivers Representative or approved 3rd party.

Any Cattle or Operation found out of compliance with stated requirements will be disqualified from the program indefinitely.

Ranch Name:	[Phone: ()		
Address:	City :	St	ate:	Zip:
Date of First Calf Born: / _ Identification: Ear Tags: Dangle / EID Tag / Combo /		anded: (Yes / No) Brand	ID or Svmbol	
Number of Head: (Steers)				
Ranch Manager / Signature:				· /
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Backgrounder: (Please Print) Were cattle kept at a location other t If Yes, provide the the following infor	•	: (Yes / No) No, indicates	; cattle move	ed direct to feedlot.
Location Name:	F	Phone: ()		
Address:	City :	St	ate:	Zip:
Date Cattle Arrived: /	/ Number H	d Received:		
Manager / Signature:				
Feedlot: (Please Print)	^^^^^^		***************************************	
Feedlot Name: FIVE RIVERS CATTLE	FEEDING - Kuner Feedlot Ph	one: <u>(970) 670-0973</u>		
Address: <u>28625 U.S. Highway 34</u>	City : <u>Kers</u>	<u>ey</u> S	tate: <u>CO</u>	Zip: <u>80644</u>
Date Cattle Arrived: /	/ Number H	d Received:	Assign	ed Lot #:
Manager / Signature:				