Supplier #: _____

Document No. SRNat 007, Version 9
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# TYSON FRESH MEATS NAE BEEF AFFIDAVIT

*This affidavit must be completed by approved producers, growers, and feedlots upon shipment of cattle to a feedlot or Tyson plant.*

**Cattle eligible for CABN program MUST be of Black Angus influence based on phenotype, main body MUST be solid black, with no other color behind the shoulder, above the flanks, or breaking the midline behind the shoulders, excluding the tail. Red, yellow, white, or grey cattle do not qualify without AngusSource® program enrollment. Eligibility is based on individual qualifications not group, pen, load, or lot. Cattle enrolled in the AngusSource® program to verify genotype are also eligible.**

**Cattle eligible for Open Prairie Natural Angus® Beef program MUST meet the requirements of CABN stated above or display Registered Angus parentage (black or red) with Natural Angus Beef Genotype Cattle Certification [SRNat 010] or Red Angus phenotype of solid red or red baldy. Cattle must be approved by a Tyson representative. Eligibility is based on individual qualifications not group, pen, load, or lot.**

I, *(manager or owner name-PRINT):* _____ doing business as

*(Company / Feedyard / Ranch Name)* _____

Address: _____ City: _____ State: _____ Zip: _____

**As an approved:**

☐ **Original Producer** (ranch of birth) ☐ **Backgrounder/Grower** (only check if cattle grown were NOT born on premise) ☐ **Feedlot** (finish cattle only)

☐ **Global Animal Partnership** **GAP Certificate #:** _____ **Expiration Date:** _____

---------- (Put an X in the box for all that apply for the cattle referenced below) ----------

**I/we have abided by the following production procedures listed in 1, 2, 3, & 4 below <u>while under my care</u> to qualify the animals identified on this document as eligible, in part, to supply NAE cattle:**

1. In raising these animals, the following <u>have never been used</u> while under my care:
   a. Supplemental hormones, of any kind, in the feed or via implant
   b. Steroids and beta-agonists
   c. Antibiotics, including ionophores, either therapeutic or sub-therapeutic (non-antibiotic coccidiostats labeled for use in cattle are allowed)
   d. <u>Animal-derived feedstuffs</u>, of any kind (tallow, fish oil, feather meal, blood meal, etc.)
2. The feed used for these animals did not come in contact with conventional feeds containing any of the above mentioned items; and the proper documentation (i.e., feed labels, feed supplier affidavits, etc.) to confirm compliance with production claims has been kept and will be available for a period of two years.
3. Each animal is identified and all animals receiving medication or deemed ineligible for any reason have been identified. Good animal husbandry practices have been followed to provide proper housing, good nutrition, and low stress handling to ensure each animal's health and well-being has been maintained.
4. I attest that all livestock referenced by this document and transferred are of U.S.A. origin (i.e., born and raised in the U.S.A.).

The undersigned, previously agreeing to adhere to these rules, confirms that to the best of his/her/its knowledge the cattle identified below meet each of the four requirements above and will cooperate to resolve any issues that may arise that would lend doubt to the eligibility of any of the cattle referenced by this document.

**Lot #/Group ID**: _____ **Head Count**: _____ **Sex**: STR HFR MXD (circle one) **Ship Date**: _____

***This section is to be completed by the seller and describe the identification of the cattle at the time of sale / delivery.***

**Calving Season** Year: _____ *(check which season applies)* ☐ Spring ☐ Fall

**Ranch Ear Tags** *(Check all that apply):* ☐ Yes ☐ No ☐ R Ear ☐ L Ear **Ear Notch:** ☐ Yes ☐ No ☐ R Ear ☐ L Ear

**Describe Ranch Tags** (color, #'s, etc): _____

**Ranch Brand:** ☐ Yes ☐ No **Draw Brand & Indicate Brand Location:** _____

**Lot Tags** *(Check all that apply):* ☐ Yes ☐ No ☐ R Ear ☐ L Ear

**Describe Lot Tag(s)** (color, #'s, etc): _____

SUBMITTED by: _____ Seller's Signature _____ Phone # _____ Date

RECEIVED by: _____ Buyer's Signature _____ Date