

PART II: VOF DAIRY INFORMATION SHEET- new and continuing applicants

Please fill out this application using your complete records for the 2010 calendar year.

Name of applicant _____ Farm Name _____

I. General Livestock Information

1. Species of Animal: _____ Breed(s) _____
(cow, goat, sheep)

2. **Total** Number of animals certified last year: _____

3. **Total** Number of animals to be certified this year: _____ (Numbers to match animal id sheet/DHIA records)

Dairy: Milking and Dry _____	Heifers _____ (6 months and over)	Calves _____ (under 6 months)
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4. What is your animal identification system?

neck chain metal ear tag plastic ear tag tattoo other _____

5. Do you raise any livestock non-organically on your farm? (ex. horses, beef cows) Yes No

If **yes**, please provide the following information: type of animal raised non-organically, number of animals, how you distinguish organically managed and non-organically managed animals (i.e. location of animals, animal sources, feed types and sources, health management differences, id systems.)

Type of Animal	Number of Animals	Description of Practices

6. You previously listed your annual percentage of animal loss/cull rate as: _____

a) Is this accurate? Yes No

b) **If no**, what is your annual cull rate? _____

7. Please complete an Animal ID List for all animals on your farm (green form attached). You may submit DHIA records as an animal ID list as long as all the requested information is included.

II. Source of Animals

1. If you have brought any animals into your organic operation in the last 12 months, please list below. Use additional sheet, if necessary. * **Please have a current certificate and itemized receipt available for inspector review.**

Animal Name or ID	Breed	Type: (calf, bull, heifer, milker)	Date of Purchase	Age/ Date of Birth	Seller's Name	Qualifies for organic slaughter?*

*Animals qualify for organic slaughter when they have been managed organically from the last third of gestation. Animals that transition to organic do not qualify. Any animal treated with a synthetic parasiticide can no longer qualify as organic meat.

III. Animal Housing

1. Description of how your animals are housed in both the winter and summer. **Please make note of any changes:**

	Summer	Winter
Adults		
Heifers (6 months and over)		
Calves (under 6 months)		

Please make note of any changes to the pre-filled answers below.

2. What type of bedding do you use and how often do you clean the pens/stalls?

	Type of Bedding	How often pens/stalls are cleaned
Adults		
Heifers (6 months and over)		
Calves (under 6 months)		

3. Please describe your facility's ventilation system. _____

4. Do your adult animals have access to the outdoors in the winter? Yes No

Please describe: _____

5. Are you able to provide daily outdoor access for **both** adult animals and heifers/young stock (6 months and over) in the winter? Yes No

a) **If no**, what are the challenges that prevent you from meeting this requirement?

(Please describe your set-up and its limitations) _____

b) If you have had a non-compliance in this area, how are you actively working to improve outdoor access? _____

6. Do you have a hoop barn/covered barnyard/solar barn? Yes No

a) **If no, please skip to the next section.**

b) Was the covered area cost-shared by NRCS? Yes No

c) Does your solar barn have an additional uncovered outdoor area where animals can get direct light? Yes No

d) If there is not an additional outdoor area, what is your justification? (for example, a stream runs within 200 feet of barnyard area) Please indicate whether you have received approval from the VOF Review Committee.

IV. Pasture - Please make note of any changes to the pre-filled answers below.

1. What is your usual spring turnout date for your adults? _____

2. What is your usual spring turnout for your heifers (6 months & older)? _____

3. What date do you bring in your adult animals at the end of the growing season? _____

4. What date do you bring in your heifers at the end of the growing season? _____

5. Describe the type of pasturing system used on your farm:

- Management intensive grazing
- Occasional rotation of paddocks
- Continuous grazing (not rotated)
- Rotational grazing
- Other _____

6. Please complete the following table. If you have more animal groups than fit into this table, please attach additional sheet. **For questions 6, 7, and 8, we expect that producers will provide a range of numbers when necessary to take into account spring and summer differences.**

Class of Animal	Number of Paddocks (includes fixed/permanent fencing or temporary/polywire)	Size of Paddocks (acres or square ft.)	Period of Occupation (number of days in the paddock)	Regrowth Period (number of days without any animals in the paddock)
Milker				
Dry Cow				
Heifer Group 1 Ages: _____				
Heifer Group 2 Ages: _____				

7. How many inches tall are your pasture plants when animals are turned into each paddock? _____

8. How short are plants when animals finish grazing each paddock? _____

9. What factors do you use when determining which paddock animals will graze next? _____

10. Are you grazing any annual crops (brassicas, warm season grasses)? Yes No

If yes, please list: _____

11. How many acres of permanent pasture do you have (include rented and owned)? _____

12. Do you also graze some hay land after first or second cut? Yes No

If **yes**, how many acres? _____

13. Please calculate your **total grazed acreage**.
(acres of permanent pasture + acres of hay land grazed) _____

14. Please calculate your **total number of grazing animals** (adults + heifers 6 months & over). _____

15. Please calculate your **stocking rate** (divide acreage/animals). _____

16. Do you graze or board animals on another producer's farm? (custom board/grazing) Yes No

a) Is this land included in your farm production plan? Yes No

b) If **no**, have you obtained an organic certificate from the producer? Yes No

17. What month in the summer do you usually need to add more stored forage (hay and silage) to your daily ration? _____

18. Was there a period of time during last year's grazing season where animals 6 months and over were denied pasture due to weather extremes, animal safety, risk to soil/water quality, etc? Yes No

If yes, please describe _____

(Reminder, please call the office if you require a temporary exemption from meeting the pasture rule during the grazing season.)

19. Please list all drinking water sources. Please check all appropriate boxes.

- Water tubs in pasture
- Water tubs in barn and barnyard
- Streams and rivers
- Ponds/streams
- Other _____

20. Do your animals have direct access to streams or rivers (for drinking or crossing)? Yes No

a) If **yes**, how do you prevent significant erosion and nutrient (manure) runoff?
(Please check any additional boxes if necessary)

- Enrolled in NRCS program Water tubs provided
- Animals don't have continual access to pastures with streams and rivers (for example: rotational grazing systems or use of portable fences)
- Animals have designated stream and river crossings (for example, gravel on stream bottom)
- Animals have designated drinking areas (for example, gravel on stream bottom)
- Animals only have access during grazing season when erosion is least likely to occur
- Other _____

b) If you have had a non-compliance in this area, how are you actively working to improve erosion issues? _____

21. Do you have an NRCS grazing plan? Yes No

If yes, please attach this plan to the application.

22. **Maps – New requirement.** The pasture rule requires that maps are submitted for all pastures that include the location and types of fences (excluding temporary fences), and the location and source of water and shade.

V. Feed *(Reminder: Use 2010 numbers. Please have all forage and grain receipts and appropriate certificates for the inspector. Please submit complete field records for the 2010 field season (yellow form).)*

1. Total amount of forage harvested in 2010? _____
 (You can use number of bales or tons. Include both rented and owned land).

2. How many acres was this total harvested from? _____

3. For **purchased feed**, list all types, quantities and source including grain, forages and silage.

	Feed Type	Total Amount Purchased in 2010 (# of bales or # of tons)	Source	Organic Y/N
Grain Concentrate				
Forage/Corn Silage, etc.				

4. **Please provide your feed ration information.** This section is not pre-filled since the numbers may vary from year to year as your grazing system evolves and feed rations change.

Please list the average pounds of feed given to animals on an average daily basis in the summer (grazing) months and the winter (non-grazing) months in the spaces below. If milkers are managed in sub-groups (ex. high and low groups), please provide the range of pounds of feed (per cow/per day).

If you do not know the exact dry matter percentages for your feed you may use the following assumptions:

- Dry Hay = 90% dry
- Haylage/Baleage = 40-60% dry
- Corn Silage = 30-35%
- Grain = 89% dry

a. Milker Dry Matter Intake

Non-Grazing Season Feed Ration	LBS. (AS FED)	% DRY	LBS. DRY MATTER
Average lbs of Hay consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
Average lbs of Haylage/Baleage consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
Average lbs of Corn Silage consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
Average lbs of Grain consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
TOTAL LBS DRY MATTER			_____ (A)

Grazing Season Feed Ration	LBS. (AS FED)	% DRY	LBS. DRY MATTER
Average lbs of Hay consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
Average lbs of Haylage/Baleage consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
Average lbs of Corn Silage consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
Average lbs of Grain consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
TOTAL LBS DRY MATTER			_____ (B)

Calculations (you may fill this out, or we can calculate in the office):

Non-Grazing Feed Ration (A) – Grazing Feed Ration (B) = Estimated Dry Matter Intake From Pasture (C)

(A) – (B) = _____(C)

Estimated Pasture Dry Matter Intake ÷ Total Lbs Dry Matter (Non-Grazing) = Dry Matter Intake from Pasture x 100

(C) ÷ (A) x 100 = _____% Dry Matter from Pasture

b. Dry Cow Dry Matter Intake

If you do not know the exact dry matter percentages for your feed you may use the following assumptions:

- Dry Hay = 90% dry
- Haylage/Baleage = 40-60% dry
- Corn Silage = 30-35%
- Grain = 89% dry

Non-Grazing Season Feed Ration	LBS. (AS FED)	% DRY	LBS. DRY MATTER
Average lbs of Hay consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
Average lbs of Haylage/Baleage consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
Average lbs of Corn Silage consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
Average lbs of Grain consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
TOTAL LBS DRY MATTER			_____

Grazing Season Feed Ration	LBS. (AS FED)	% DRY	LBS. DRY MATTER
Average lbs of Hay consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
Average lbs of Haylage/Baleage consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
Average lbs of Corn Silage consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
Average lbs of Grain consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
TOTAL LBS DRY MATTER			_____

Calculations (you may fill this out, or we can calculate in the office):

Non-Grazing Feed Ration (A) – Grazing Feed Ration (B) = Estimated Dry Matter Intake From Pasture (C)

(A) – (B) = _____(C)

Estimated Pasture Dry Matter Intake ÷ Total Lbs Dry Matter (Non-Grazing) = Dry Matter Intake from Pasture x 100

(C) ÷ (A) x 100 = _____ % Dry Matter from Pasture

c. Heifer (6 months and older) Dry Matter Intake

If you do not know the exact dry matter percentages for your feed you may use the following assumptions:

- Dry Hay = 90% dry
- Haylage/Baleage = 40-60% dry
- Corn Silage = 30-35%
- Grain = 89% dry

Non-Grazing Season Feed Ration	LBS. (AS FED)	% DRY	LBS. DRY MATTER
Average lbs of Hay consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
Average lbs of Haylage/Baleage consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
Average lbs of Corn Silage consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
Average lbs of Grain consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
TOTAL LBS DRY MATTER			_____

Grazing Season Feed Ration	LBS. (AS FED)	% DRY	LBS. DRY MATTER
Average lbs of Hay consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
Average lbs of Balage consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
Average lbs of Corn Silage consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
Average lbs of Grain consumed	_____	x _____ % Dry Matter	= _____ lbs Dry Matter
TOTAL LBS DRY MATTER			_____

Calculations (you may fill this out, or we can calculate in the office):

Non-Grazing Feed Ration (A) – Grazing Feed Ration (B) = Estimated Dry Matter Intake From Pasture (C)

(A) – (B) = _____(C)

Estimated Pasture Dry Matter Intake ÷ Total Lbs Dry Matter (Non-Grazing) = Dry Matter Intake from Pasture x 100

(C) ÷ (A) x 100 = _____% Dry Matter from Pasture

5. Do you feed supplemental salt, minerals or other additives? Yes No
 (for example, salt block, kelp, mineral mix)

If **yes**, please make note of any changes below.

Brand Name	Manufacturer	On VOF list of Approved Health Care Products (Y or N)

6. Describe where feed is stored. _____

7. Please list all water sources for livestock. _____

8. Have you tested the water quality? Yes No

If **yes**, date of last test (or approximate date)? _____

What was the water tested for and what were the results? _____

VI. Calf Rearing - Please make note of any changes to the pre-filled answers below.

1. What age do you turn out your calves to pasture? _____

2. How much grain and hay do you feed before weaning? _____

3. How much grain and hay do you feed after weaning? _____

4. At what age do you generally dehorn calves? _____

a) Who does the dehorning (you, vet, etc)? _____

b) Method used? _____

c) Is a local anesthetic used? Yes No If yes, please list. _____

*Please keep note of treatment in your records or retain slips from your vet.

VII. Animal Health

1. Health Records: Please submit your livestock health records for the previous year (January -December 2009) using the attached record keeping form **(blue)**, or a comparable record keeping system. All of the information must be filled out for each health incident (e.g. animal health emergencies, routine treatments) and all treatments (antibiotics, other medications and alternative remedies) must be listed.

In addition, please be sure to include your **health care product inventory form (purple)**, which should be a list of ALL medicines in your medicine cabinet.

Please make note of any changes to the pre-filled answers below.

2. What **preventative health management** (including parasite prevention) do you practice on your farm for young stock and adults?

Preventative Health Practices	
Adults	
Young Stock	

3. Please list all **vaccines** used and brand name.

Type of Vaccine (ex. Rabies)	Brand (ex. Pfizer)

4. Hoof trimming

a) How often are hooves trimmed? _____

b) Who does the trimming? _____

c) If done by a service provider, have they been made aware of what products are allowed for use in organic production? Yes No

In an emergency, a producer should use antibiotics if necessary to save the life of an animal or to prevent suffering. Use of antibiotics should be based on the recommendation of a vet. Please ensure you notify the VOF office upon treatment.

5. Use of Antibiotics

(Remember, please call the office if you have to treat any animal with antibiotics)

a) Have any of your animals been treated with antibiotics in the last 12 months? Yes No

If yes, list animals and justification for treatment.

Animal ID	Medication	Justification	Documentation of Sale

6. Parasite Management

(Remember, please call the office if you have to treat any animal with synthetic parasiticides)

a) Please describe your parasite management plan. _____

b) Have any of your animals been treated with synthetic parasiticides in the last 12 months? Yes No

If yes, list animals and justification for treatment.

Animal ID	Medication	Justification for Use

7. What is your protocol when treating animals with an antibiotic or parasiticide? _____

8. How do you segregate their milk? _____

9. Please list the name, associated clinic and phone number of your veterinarian. _____

****Please have all vet slips available for inspector review.**

VIII. Marketing and Processing

1. Who is your milk buyer? _____

2. Are you doing any on-farm processing? (e.g. yogurt, cheese) Yes No
(If you sell over \$5,000 a year, in processed product please submit a processor application.)

3. Are you selling organic meat? Yes No

If yes, please send us a copy of your label, once completed. For more information on labeling, please see page 55 of the certification standards. If you are interested in organic meat labeling, please request information from the office on how to get your label approved.

a. Is the slaughterhouse you are using:

USDA inspected State Inspected On-farm Other _____

b. Please provide the name of the slaughterhouse. _____

* Slaughter facilities must be certified organic if the meat is to be sold as organic

4. **Audit Trail:** Briefly describe your record keeping system: _____

5. Which of these documents do you keep for your records?

- Receipts for all sales
- Receipts for all purchases
- Organic certificates, sales receipts and purchase receipts
- Herd health records
- Milk quality test reports
- Other _____
- Cull records
- Records of livestock purchases
- Breeding records
- Milk pick-up slips
- Vet slips