Feedyard Application for RCR Natural/SAV/NHTC

Directions: Please complete this application and submit it to Ranchers Connecting Ranchers, LLC (RCR) to start the verification process. Answer the following questions as accurately as possible as this document will become a part of your Quality Manual and it helps RCR to determine your eligibility for the NHTC/SAV Program. If you have any questions or if you would like assistance with your application, please feel free to contact RCR and we'd be glad to help! (Contact information can be found on the last page of this application.)

Section 1: General Information				
Company Name:				
Contact Name:				
	Mobile Number:			
Email Address:				
	Street, City, State, Zip			
Shipping Address:				
	Street, City, State, Zip			
Secondary Contact:				
	Name, Title, Phone Number			
Size of Feedyard (One-	Time Capacity):			
	re more than one location? (If so, please list all of the feedyard locations {which need to be NHTC and their distance from the feedyard headquarters.)			

Please note: We will need to visit all of the feedyard locations that are feeding RCR Natural/NHTC/SAV cattle to ensure processes and procedures are appropriate.

This document has been compiled using the work processes, methodology, and intellectual property that are proprietary and confidential to Ranchers Connecting Ranchers, LLC and the company's customers and as such, should not be shared with another party without written consent from Ranchers Connecting Ranchers, LLC.

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ISSUED 02/15/2023 SUPERSEDES 01/13/2019 APPROVED: DH

Does the feedyard (or owner) have home raised cattle that need to be RCR Natural/ NHTC/SAV verified?

Yes		
No – Skip to	Section	2

Please indicate calving date range and identification for home raised calves:

Please list the locations in which home raised cattle are born and raised prior to receiving in the feedyard:

Please note: We will need to see the ranch(es) in which home raised cattle are managed to verify processes and procedures.

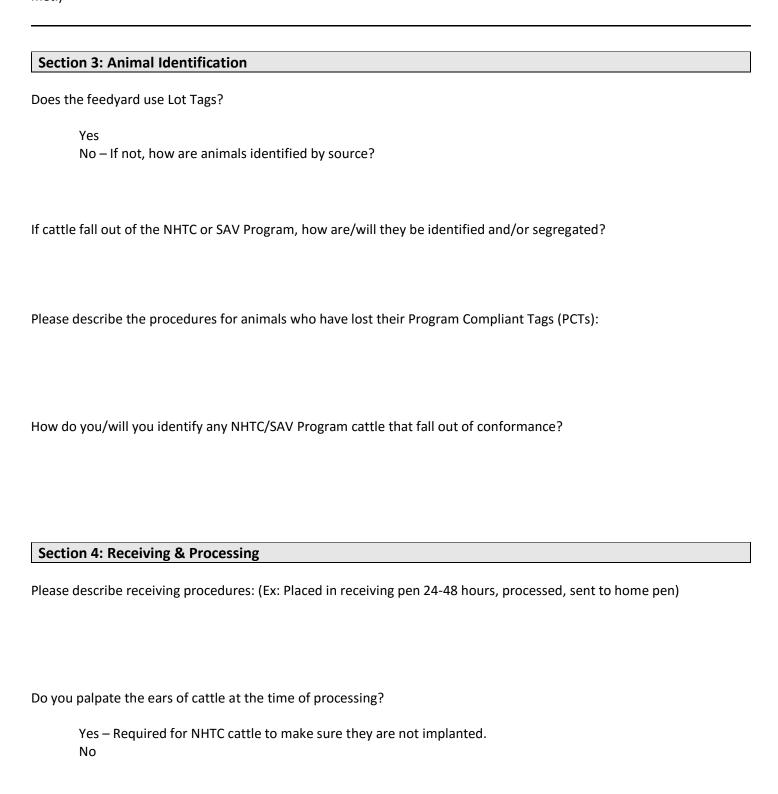
Section 2: Employee Training

In the table below, please state the name of all feedyard employees who work on a day-to-day basis with cattle and indicate their responsibilities by checking each column as appropriate.

EMPLOYEE NAME	ID/Animal Location	Receiving	Feeding/Ordering Feed	Animal Health	Shipping	Record Keeping	Managing Non- Conformances	All

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Who will be the feedyard's Management Representative? (Maintains program and ensures program requirements are met.)



Do you read and verify the PCT Tags of NHTC cattle at the time of processing?

Yes – Required	for	NHTC	cattle
No			

	_			
Section	5.	Cattle	NANAN	nant
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Are movements between pens documented?	
Yes	

Are the cattle ever moved off of the feedyard (ie: Wheat Pasture)?

Yes

No

No

If you answered yes to the previous question, please explain movement and tracking procedures:

Section 6: Feeds and Feeding

In the table below, please list any and all pre-mixed or commercial products fed and/or stored onsite as well as the manufacturer (not distributor).

Product/Ration	Manufacturer (If Applicable)

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Do you f	eed (or do you plan to feed) NHTC/SAV Program cattle as well as conventional cattle?
	Yes
	No
	give your cattle any feedstuffs with animal by products, antibiotics, supplemental hormonal growth promotants and/hores??
	Yes
	No – Skip to Section 7
(if the sa	xplain how you separate your feeding equipment (separate feed trucks) and/or your feed flushing techniques ame truck is used to feed conforming and non-conforming cattle) in the box below. (To ensure RCR Natural/ogram calves are not fed any prohibited feeds.)
Sectio	n 7: Hormone Product Management
Do you s	store and/or use any hormone products (breeding, implants) onsite at any of the feedyard/ranch locations?
	Yes No – Proceed to Section 8
How/Wl	nere are these hormone products stored?
Do you k	eep an inventory of hormone products?
	Yes No
Please d	escribe inventory process:

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Please indicate the antibiotics you have on hand:

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How do you ensure RCR Natural/NHTC cattle are not fed or administered products with hormones? Please indicate if you have any of the following hormone feedstuffs onsite: MGA HeiferMax Optaflex Zilmax Please indicate if you have nay of he following inophores onsite: **Bovatec** Rumensin GainPro Catalyst Please indicate if you have any of the following animal by products: Tallow/Animal Fat Fish oil Feathermeal Other (Please List) **Section 8: Antibiotic/Vaccine Information:** Do you store antibiotics on location? Yes No

Section 9: Records

Do you have a records system in place to keep	track of receiving, source	e, tag numbers, health	n, feed, movements and
shipping records?			

Yes

No

Are all records maintained in an organized manner and kept to date at all times?

Yes

No

Where are records stored?

Section 10: Shipping

Please describe the process for shipping NHTC/SAV program cattle: (Ex: Verify Head counts, Verify PCTs, Complete Shipping Documents, etc)

Section 10: Miscellaneous

Will you need to order discounted EID tags from RCR?

Yes - RCR will send you a Tag Order Form

No

How did you hear about RCR?

Section 11: Signature

By signing this application, you are confirming that all of the above documented information is true and correct to the best of your nowledge. You are aware that the completion of this application does not confirm and approved NHTC/SAV status and that an onsite audit must take place prior to shipping any NHTC/SAV program cattle to verify the above claims.					
**If you have chosen to complete this application in the available PDF in the fields below, you are agreeing that this electronic signature is a					
Signature	Date				
Printed Name	_				

Please submit this completed Feedyard NHTC/SAV/RCR Natural Application to RCR's Main Office for processing.

We thank you for your business and look forward to serving you into the future!

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