

## Non-Ruminant Livestock Products Supplement

If you are certifying several types of non-ruminant livestock (e.g., swine or rabbits), please complete a separate form for each species. If you are certifying poultry, please use the Poultry Supplement. If you are certifying dairy, please use the Dairy Supplement. If you are certifying ruminant livestock, please use the Livestock Products Supplement.

### SECTION 1: OVERVIEW

1.1 Identify livestock to be certified organic in the table below.

Livestock Type	Breed(s)	# Males	# Females	# Bred or for breeding	Total Number on Farm	Product and estimated # of products for market this year?

1.2 What conventional livestock and livestock products do you raise/produce?

1.3 You must have a system for permanently identifying your animals, using tags, tattoos, photographs, or other approved systems. Please describe your system below:

1.4 a) Do you raise all of your own replacement livestock on farm?  Yes  No

b) If not, who supplies replacements to your farm? (Name and address of farm and attach copy of their organic certificate)

1.5 List last 12 months' acquisitions of livestock and date(s) of purchase (use additional sheets if needed). Livestock must be organically managed from the last third of gestation.

*Records, receipts & certificates must be available for inspection.*

Describe & Identify Animal	Date of Acquisition	Source	Organic Certifier	Organic for slaughter?*

\* *Organic slaughter stock must be managed organically from the last third of gestation. Transitioned animals are not eligible for organic meat. Animals treated with a synthetic parasiticide are not eligible for organic meat*

1.6 Animal List. Please submit a list of all livestock to be certified. Use any format that is easily understood. The list must contain the following for each animal:

- Name and/or ID # and breed
- Date of birth or date of purchase
- Notation as to eligibility for organic slaughter (organic from the last third of gestation, never treated with synthetic parasiticides) .

*The information on this list will not be entered into our database, nor will it be shared outside of MOFGA.*

**SECTION 2: FEEDS AND RATIONS**

**FOR ORGANIC PASTURE, HAY, SILAGE AND GRAINS PRODUCED ON YOUR OWN FARM:**

You must attach a **Field History** for each field. Field names and acreages must be consistent so we can cross-reference field histories with fields identified on your maps. **All farms including livestock operations must complete the Organic Farm Plan, and identify the organic crops they produce in the Crop Supplement.**

2.1 List total forage and grain crops harvested on your farm in the last 12 months:

Crop (corn silage, grain, dry hay, baleage, grass silage)	Acreage	Number of harvests	Total number &/or weight (i.e.: 200 round bales at 500lb each, OR 276 tons, OR 5,000 lbs)	Estimated Dry Matter (DM) content (Your forage tests results, or your own best estimate)

***If you process feed on-farm, you must fill out an On-farm Processor Supplement.***

2.2 If you purchase forages, please list the sources and amounts purchased in the past 12 months.

Type of forage crop	Source	Certified Organic by whom	Amount purchased/weight
<i>Example:</i> haylage	Little Joe Cartwright Ponderosa, ME	MOFGA	350 round bales, 1200lbs ea

2.3 If you purchase grain (concentrates) to feed your animals, list grains purchased in last 12 months. Add more pages if needed.

Type of Feed or Grain	Source	Certified Organic By Whom	Amount purchased for the year
<i>Example:</i> 16% dairy pellets	Morrisons	VOF	60 tons

2.4 Describe your feed storage locations:

Location	Type of storage	Type of Feed	Capacity

**SECTION 3: CROP MANAGEMENT**

Information about soil fertility management and crop management is requested in the Organic Farm Plan. What organic crops you grow for your own operation or for sale is captured in the Crop Supplement. All farms including dairy and livestock operations must complete the Organic Farm Plan and the Crop Supplement.

**SECTION 4: PASTURE PLAN & GRAZING MANAGEMENT – Not Applicable for Non-Ruminants. Continue to Section 5: Living Conditions.**

**SECTION 5: LIVING CONDITIONS**

5.1 What type of shelter is used for each animal group in summer and winter? List more than one if necessary. (Stanchion, tie stall, free stall, bedded pack, run-in shed, trees, hutches, etc.)

Summer Shelter	Winter shelter	Winter outdoor access?

5.2 What type of bedding material is used? If it is an agricultural product (hay, straw, hulls, stalks, etc), it must be certified organic. Please have receipts and certificates in your records.

Type of bedding	Certified organic by whom?

5.3 **Temporary Confinement** is defined as denying access to the outdoors, “occurring for a limited time only (e.g. overnight, throughout a storm, during a period of illness...), not permanent or lasting. NOP 205.2. For what reasons do you use temporary confinement on your farm? Check all that apply:

Reason for temporary confinement	Typical duration of temporary confinement
Inclement weather	
Stage of life (lactation is not a stage of life)	
To protect the health, safety, or wellbeing of animals	
Risk to soil or water quality	
To administer healthcare procedures	
Sorting or shipping	
Breeding purposes (until bred)	
4-H or other youth projects	
Dry off	
Birthing	
Shearing fiber animals	
Other	

***Please have records of outdoor access/temporary confinement ready for inspection.***

5.4 Do all your animals have access to the following (check if yes):

<input type="checkbox"/> Winter outdoor access <input type="checkbox"/> Shade	<input type="checkbox"/> Shelter <input type="checkbox"/> Exercise areas	<input type="checkbox"/> Fresh Air <input type="checkbox"/> Clean water for drinking	<input type="checkbox"/> Direct Sunlight
--	---	---	--

**SECTION 6: HEALTH CARE**

6.1 Many practices contribute to animal health, well-being, and productivity. Check all that apply and add other practices used. Add additional comments about animal management below.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> selective breeding                | <input type="checkbox"/> good sanitation    | <input type="checkbox"/> probiotics              |
| <input type="checkbox"/> raise own replacements            | <input type="checkbox"/> access to outdoors | <input type="checkbox"/> regular veterinary care |
| <input type="checkbox"/> isolation for sick or new animals | <input type="checkbox"/> pasture rotation   | <input type="checkbox"/> preventative strategies |
| <input type="checkbox"/> vaccinations                      | <input type="checkbox"/> clean bedding      | <input type="checkbox"/> FAMACHA                 |
| <input type="checkbox"/> homeopathic remedies              | <input type="checkbox"/> high quality feeds | <input type="checkbox"/> fecal testing           |
| <input type="checkbox"/> nutritional supplements           | <input type="checkbox"/> ventilation        | <input type="checkbox"/> herbal remedies         |
|  | <input type="checkbox"/> culling            | <input type="checkbox"/> other: _____            |

6.2 Do your animals have any *recurring* health problems? Please describe your full management protocol, including medical and environmental management strategies.

Problem	Class of animal	Management Protocol	
		Medical	Cultural/Environmental
<i>Example: Scours</i>	<i>Calves (0-2 mo)</i>	<i>Electrolytes, slippery elm, yogurt.</i>	<i>Change bedding more often, split bottle feeding into 3x/day</i>

6.3 Dehorning – not applicable.

6.4 **HEALTH CARE MATERIALS & FARM INPUTS please use separate Materials List.** If you are using a product that does not appear on this list, IT WILL NOT BE CONSIDERED PART OF YOUR OSP.

6.5 Describe internal and external parasite control on your farm. Include methods used both to *prevent* and *reduce* infestations.

6.6 How do you prevent/control flies?

- sticky tape /traps /mechanical control
- parasitic wasps /biological control
- sprays /chemical control (list brand names on your materials list)
- \_\_\_\_\_

6.7 How do you prevent/control rodents?

- traps /mechanical control
- cats /biological control
- bait /chemical control (list brand names on your materials list)
- \_\_\_\_\_

6.8 How do you prevent predation?

6.9 List any **restricted or prohibited synthetic medications used in the last 12 months**, animal treated and reason for use. (Include antibiotics, hormones, etc).

Animal treated	Item(s) Used (antibiotics, etc)	Date(s) used	Reason for use	Location of animal

6.10 If individuals are treated with prohibited or restricted materials how are they identified, segregated, and/or removed from the organic system?

6.11 Please describe your biosecurity program (example: boot washing, sanitation):

6.12 Please provide the name, phone, and address of your regular veterinarian.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Clinic** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**SECTION 7: SLAUGHTER HANDLING**

If you butcher and process meat on your farm, you will need to complete an On-farm Processor Supplement.

7.1 Provide us with the name, address and phone number of facility where your animals are slaughtered.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

7.2 Do you transport your own livestock?  Yes  No

7.3 Are livestock being sold as organic for slaughter transported from your operation by a third-party hauler?

Yes  No

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

7.4 How do you sell your livestock products? If you sell individual packages retail, please attach your organic label for us to review.

**SECTION 8: MONITORING PRACTICES**

8.1 What monitoring practices do you use in your operation, and how frequently do you use them? (For example: soil tests, water tests, product quality testing, soil observations, crop yields, feed analysis, etc.)