

# Livestock Feed Form

- If you are applying for Livestock certification, this should be filled out by the person/s who submitted the Livestock application. We need to receive this before approving your application.
- If you are already certified and haven't submitted a Feed Form to CNG within the past 12 months, be sure to complete and submit along with your inspection report.
- Please use **one form for each supplier**, including your grass fed operation.
- Download this form here to print more copies: [www.naturallygrown.org/livestock](http://www.naturallygrown.org/livestock)

**1** This declaration applies to the following livestock for which I seek certification:

___ beef cattle	___ chicken (meat)	___ duck (meat)	___ geese (meat)	other _____
___ dairy cows	___ chicken (eggs)	___ duck (eggs)	___ turkey (meat)	other _____
___ pigs	___ sheep	___ rabbits	___ goats (meat)	other _____

\_\_\_\_\_ *Your Farm*

\_\_\_\_\_ *Your Name/s*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Your Signatures*

## ..... **Feed Source** .....

**2** To be completed by the farmer. Please check only one.

- I grow some or all of my own according to the statements in section 3, which I have initialed.  
*For grass-fed operations, consider pasture as "feed." Proceed to complete Section 3.*
- I buy certified organic feed and I have a receipt for it.  
*Attach a receipt that clearly indicates that the feed is certified organic and sold to you. Do not fill out Section 3.*

\_\_\_\_\_ *Supplier Company Name*

- I buy feed from the supplier indicated below (use one form for each supplier). **Have them complete Section 3.**

\_\_\_\_\_ *Supplier Company Name*

\_\_\_\_\_ *Supplier Address*

**3** To be completed by suppliers or farmers growing their own feed:  
*Please initial each statement that applies to you.*

- \_\_\_ I affirm that the feed for this livestock is grown without the use of synthetic fertilizers, herbicides or pesticides.
- \_\_\_ I affirm that the feed for this livestock is not grow from genetically modified seeds.
- \_\_\_ I affirm that the feed for this livestock is not treated with fungicides.

\_\_\_\_\_ *Name of person supplying feed*

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Witness Name\**

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Date*

*\*optional, but strongly recommended for added integrity*