



*Legacy Verified NHTC  
Feedyard Application*

**APPLICATION INSTRUCTIONS:**

This Application covers the requirements for a NHTC Feedyard. Please complete all sections of the application.

Please complete Section 7 if you would like to verify home raised calves.

Section 10 is the Signature Page and MUST be signed for your Application to be complete.

If you have any questions about this application or any of the legacy Verified Programs, please feel free to call the Legacy Verified Office.

**Legacy Verified, LLC**  
**PO Box 1896**  
**Elizabeth, CO 80107**  
**877-895-2374 (O)**  
**877-965-6782 (F)**  
**info@legacyverified.com**  
**www.legacyverified.com**

**Section 1: GENERAL INFORMATION**

**1.1 Contact Information:**

Feedyard Name:	Date of Application:
Primary Contact Name:	Primary Contact Best Phone:
Feedyard Mailing Address:	Feedyard Shipping Address:
Primary Contact Best Email Address:	Date Approval is Needed By/One-Time Capacity:  /

**1.2 Additional Feedyard/Ranch Locations: (Please add ranch locations if you are verifying home raised calves.)**

Please list and identify additional satellite ranch locations, if applicable: (In addition to Feedyard Head Quarters.)

Feedyard/Ranch/Pasture Name	Location (City and State)	Miles from Feedyard HQ

**1.3** Does the feedyard want to enroll home raised calves in addition to the feedyard?

- Yes – Please Complete Section 7
- No

**1.4** Feedyard Claims Applying For:

- SAV
- NHTC

**Section 2: EMPLOYEE TRAINING**

**2.1** Employees and Responsibilities:

Employee Name(s)	Duties: (Calving, Identification, Feeding, Doctoring, Shipping, Records, Etc or "All")

**\*Please use an Additional Sheet if Necessary\***

**Section 3: RECORD-KEEPING**

**3.1** Does the Feedyard have a records system in place to keep track of cattle sources, receiving, processing feeding, doctoring, shipping, etc?

- Yes
- No

**3.2** Please briefly describe record-keeping system (Lot Files, Health, Shipping, Etc):

**3.3** Does the Feedyard keep records for at least 3 years?

- Yes
- No

**3.4** Are records kept in a secure location that prevents loss, damage, or alteration?

- Yes
- No

#### Section 4: RECEIVING & PROCESSING

**4.1** Does the Feedyard start a Lot File at the time of receiving?

- Yes
- No

**4.2** If the answer to 4.1 was “No”, how does the Company/FY keep track of ranch sources and lot information?

**4.3** Please describe the Feedyard’s Basic Receiving Procedures:

**4.4** Are cattle processed in-house or is a contract processing crew utilized?

**Section 5: CATTLE MOVEMENTS**

5.1 Are movements between pens (and pastures) documented?

- Yes – How? (Ranch and FY)
- No

5.2 If you answered “yes” to 5.1, please describe how movements are recorded:

- N/A

5.3 Are cattle ever moved out of the ranch/feedyard and put on pasture (ie” wheat pasture)?

- Yes
- No

5.4 If you answered “yes” to 5.3, did the cattle remain under your management?

- Yes
- No – Please Explain:

**Section 6: SHIPPING**

6.1 Please describe the feedyard’s process for shipping (Include Ranch Shipping Procedures as well if applicable):

**Section 7: HOME RAISED CALVES**

┆ N/A

7.1 How many Home Raised calves is the Feedyard planning to put into the Legacy Verified Program(s)? \_\_\_\_\_

**7.2 Which Programs do you want the home raised calves to be verified for?**

- SAV
- NHTC
- Legacy Natural
- Legacy Verified Angus (Please Complete the LV Angus Application Addendum)
- Saudi Arabia

**7.3 Does the FY/Ranch record individual calving birthdates or just First and Last Calf Born for home raised calves?**

**7.4 Calving Information: (Operations with multiple calving seasons must identify each group differently.)**

Calving Date Range (Ex: 1/1/18 – 3/1/18)	Number of Calves in Calving Group (Season)	Identification: (Tag Descriptions, Brands, Notches ie: Green Panel Tag LE; Open A LH)

**7.5 Have you moved home raised calves from their place of birth to another location? (Permits, Leases, Feedyard etc.)**

- Yes – Where?
- No

**7.6 If your answer to 7.5 is “yes”, did you apply a PCT Tag before moving calves to the next location? (Required)**

- Yes
- No

**7.7 When do you apply/plan to apply PCT Tags (EIDs)?**

**7.8** Have the home raised calves ever been under the management of someone who is not a member of or employed by the ranch or feedyard?

- Yes – Please Describe Circumstance:
- No

**7.9** Does the Ranch have any purchased calves onsite?

- Yes – Please List Type (Pairs, Stockers, Grafted Calves, etc):
- No

**7.10** If you answered “yes” to the above question, how do you identify purchased cattle to make sure these animals are not marketed/sold as program animals?

- N/A

**7.11** When will you apply the Program Compliant Tags to Home Raised Calves? (Calving, Branding, Weaning, Etc.)

- N/A – SAV Cattle Move Directly to an APPROVED location and/or they are Verified for Saudi Arabia (and no other Programs).

**7.12** Does the ranch have a veterinarian onsite at the ranch location at least annually (Complete Health Certificates, Preg Check, Emergency Services, etc.)?

- Yes
- No

**7.13** Does the ranch have evidence to support the claim that a veterinarian comes onsite at least once annually? (Copies of Health Certificates completed at the ranch, invoices, etc.)

- Yes – Example(s)
- No

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**Section 8: NHTC**

**8.1** Are you aware that NHTC cattle may not be administered hormones or beta-agonists at any time in their lives?

- Yes
- No

**8.2** Do you feed any feedstuffs with hormone growth products or beta-agonists?

- Yes
- No

**8.3** Do you have any hormones onsite? (Ex: Implants, Lutalyse, Oxytocin, CIDRs, Cystorelin, Fertagyl, Estrumate, etc.)

- Yes
- No

**8.4** Please describe how are the above-referenced hormones stored and inventoried?

- N/A

**8.5** Please indicate if the Feedyard has any of the following hormonal or beta-agonist feedstuffs onsite (Feedyard or Ranch):

- MGA
- HeiferMax
- OptaFlexx
- Zilmax
- Other (Please List in the Space Below):

**8.6** Does the Feedyard/Ranch have an AI Program in place?

- Yes
- No



**8.7** Does the Feedyard administer any implants to any cattle at the FY/Ranch location(s)?

- Yes
- No

**8.8** Does the Feedyard have any of the following hormone products at any of the FY/Ranch locations?

Implants (Such as Revalor, Synovex, Ralgro, etc)

Lutalyse

Cystorelin, Estrumate, Fertgyl, etc (For AI)

CIDRs

Other (Please List in the Space Below):

**8.9** If an animal falls out of conformance for NHTC, would the Feedyard/Ranch still market them as SAV?

- Yes
- No

**8.10** Please describe how non-conforming (Non-NHTC) animals will be identified, segregated, and marketed:

**8.11** Does the feedyard have a veterinarian onsite at the feedyard location at least annually (Complete Health Certificates, Medical Protocols, Emergency Services, etc.)?

- Yes
- No

**8.12** Does the feedyard have evidence to support the claim that a veterinarian comes onsite at least once annually? (Copies of Health Certificates completed at the feedyard, invoices, etc.)

- Yes – Example(s)
- No

## Section 9: FEEDS & FEEDING

**9.1** Does the Feedyard feed conventional cattle as well as Legacy Verified Program Cattle?

- Yes
- No

**9.2** Does the Feedyard feed conventional cattle supplements/feeds with hormones or beta-agonists?

- Yes
- No

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**9.3** If the Feedyard answered “yes” to 9.2, how are animals that are fed hormones or beta-agonists identified and/or segregated from conforming animals?

N/A

**9.4** Does the Feedyard have ingredient records in place (Feed Tags/Ration Mix) of rations/supplements with hormones or beta-agonists that are fed to all cattle?

Yes

No

**9.5** If the Feedyard feeds prohibited feeds to conventional cattle, does the Feedyard segregate prohibited feeds to prevent cross-contamination (Designated bays, mixer, feed trucks, etc)?

N/A

**9.6** If the Feedyard feeds prohibited feeds to conventional cattle, does the Feedyard have a flushing procedure in place to prevent cross-contamination?

Yes – Please Describe:

No

N/A – Designated bays, mixers, and/or feed trucks/No prohibited feeds fed.

**9.7** Please list and identify ALL of the pre-mixed, commercial feeds, and/or rations mixed onsite at the FY/Ranch in the table below – Include ALL cattle feeds. (Attach any additional pages if necessary.)

Product Name	Manufacturer	List Any Prohibited Ingredient if Applicable

**\*Please use an Additional Sheet if Needed\***

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**Section 10: SIGNATURE**

By signing this Application, you are confirming that all of the information on this document is true and correct to the best of your knowledge and you are consenting to the scheduling of an audit to verify that the requirements to the program have been met.

\_\_\_\_\_  
**Signature of Responsible Party**

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

\_\_\_\_\_  
**Printed Name of Responsible Party**

**Referred By:** \_\_\_\_\_

**Promo Code:** \_\_\_\_\_

**If you have any questions, please do not hesitate to contact the Legacy Verified Office.**

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