



Tyson Fresh Meats, Inc.

Affidavit #: _____

PRODUCER AFFIDAVIT

Continuous Affidavit/Declaration of Country of Origin of Livestock

Whereas an affidavit is deemed by USDA's Agricultural Marketing Service (AMS) as a record of Country of Origin, I (Producer) _____ attest through firsthand knowledge¹, normal business records or subsequent producer affidavit that all livestock marketed to Tyson Fresh Meats, Inc. are of:

- U.S. Origin (exclusively born and raised in the U.S.)
- U.S., Canadian Origin.
- U.S., Mexican Origin.
- U.S., Canadian, Mexican Origin.

I attest that records reflecting specific transactions are available for inspection for the sole purpose of compliance with the country-of-origin labeling provisions contained in the Farm Security and Rural Investment Act of 2002, as amended. I certify this affidavit as being truthful and accurate.

I understand that if the origin of my livestock become other than that described above, I will notify the buyer/agent in writing when this occurs.

This Affidavit/Declaration of Country of Origin of Livestock shall remain in effect until revoked in writing by the undersigned producer and is delivered to Tyson Fresh Meats, Inc. at 800 Stevens Port Drive Suite DD821B, Dakota Dunes, SD 57049. I shall maintain records of livestock origin for one year from the date of delivery of the livestock to Tyson Fresh Meats.

Company Name (if applicable)

Signature

Print Name

Date

¹ If first-hand knowledge or visual inspection is utilized, the individual shall keep adequate documentation, such as a journal to validate origin.



Tyson Fresh Meats, Inc.

Tyson Supplier Affidavit - Prohibited Feed & Antibiotics

I _____ (print), attest that to the best of my knowledge, the following statements are true and correct regarding the cattle under my authority, direction, or ownership and which are supplied to Tyson Fresh Meats for slaughter:

- in the ration have not been fed "prohibited" mammalian protein (i.e. ruminant meal & bone meal) as defined by FDA CFR 589.2000.
- all antibiotics are used under the auspices of a veterinarian, comply with FDA regulations and not used solely for the purpose of growth promotion.
- have at all times been handled properly and humanely

I agree that authorized Tyson Fresh Meats officials may conduct inspection of feed records and feed facilities at locations from which cattle under my direction (or ownership) are fed and which were slaughtered at a Tyson Fresh Meats facility.

Signature: _____ Date: _____

Address: _____ Street _____ City _____ State _____ Phone Number _____

This affidavit shall remain in effect until revoked in writing by the undersigned producer and is delivered to Tyson Fresh Meats, Inc. Failure to have a signed affidavit on-record is cause for the "company" to refuse to slaughter cattle under your direction or ownership. The owner/agent should keep the yellow copy of this affidavit for your records.

Note: FDA CFR 589.2000 requires ruminant feeders to keep records for all feed they receive that contains animal protein products, whether or not the animal protein is prohibited material. Such records would include purchase invoices and labeling for all feeds containing animal protein products received. Copies of these records are to be made available to FDA upon request. The complete FDA rule can be accessed on the web site => www.access.gpo.gov/nara/cfr/waisidx_00/21cfr589_00.html.

All cattle producers are urged to secure similar assurances from their suppliers.

For questions to Tyson Fresh Meats please call 605-235-2120.

Tyson Form 17636 (12/22/08)

Market Beef Health Record



Youth Producer:
 Name: _____
 Address: _____
 Phone: _____
 QA Program: _____
 Date Certified: _____
 Fair: _____

Animal Information (Obtain from producer):
 Identification #: _____ Location: _____
 Brand: _____
 Breed/Color: _____
 DOB: _____ Castration Date: _____
 Date Weaned: _____ Sire ID: _____
 Born in: _____ (Country)

“Produce healthy and safe beef products by being a knowledgeable and responsible producer”

Date Purchased: _____
Purchased From: _____
 Name: _____
 Address: _____
 Phone: _____
 QA Certification: _____
(not required)
 Date Certified: _____

| Treatments & Dewormers (Date & Time) | Condition Being Treated | Estimated Weight | Treatment Administered (Medication dispensed, amount and route of administration) | Drug's Lot Number | Name (Person giving treatment) | Withdrawal Time (Instructed) | Withdrawal Complete (Date & Time) | For prescription or extra label drug use, list the veterinarian's name, address, and phone. |
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Medicated Feeds *Remember to document ALL medicated feeds and withdrawal times*

| Dates Fed | Medication Name (Medication added/included in feed and approximate amount of medication) | Withdrawal Time (Instructed) | Withdrawal Complete (Date & Time) | Dates Fed | Medication Name (Medication added/included in feed and approximate amount of medication) | Withdrawal Time (Instructed) | Withdrawal Complete (Date & Time) |
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Give Subcutaneous (Sub-Q) injections under loose skin of neck, using the tented method. Give Intramuscular (IM) injections in the neck. If label indicates a choice, use Sub-Q (under the skin) injections.



NEVER- Inject into the round or the loin area.

I certify that I produced this animal, it was not fed any “prohibited” mammalian protein (i.e. meat & bone meal), per FDA regulation, CFR Title 21, and I have listed ALL products and treatments they received while in my care and all withdrawal times have been met.

Youth Signature: _____ Date: _____
 Guardian Signature: _____ Date: _____

Youth Producer's Copy

Extension programs and employment are available to all without discrimination. Evidence of discrimination may be reported through your local Extension Office.

Prepared by: Sarah M. Smith, Jan Bushboom, and Jean Smith, WSU