



## *Legacy Verified* *Legacy Natural Ranch Application*

### **APPLICATION INSTRUCTIONS:**

**This Application covers requirements for Legacy Natural. Please complete every section of the application.**

**Section 8 is the Signature Page and MUST be signed for your Application to be complete.**

**\*Please keep in mind that Legacy Verified cannot assign an arbitrary calving date for age verification. The first calf born must be documented and all calves in that calving group will be assigned the birthdate of the oldest calf born.**

**\*\*If older calves need to be excluded from the group, those calves will need to be identified in a way so that they can be easily sorted and removed from the approved group at the time of shipping.**

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**Section 1: GENERAL INFORMATION**

**1.1 Contact Information:**

<b>Company Name/Ranch Name:</b>	<b>Date of Application:</b>
<b>Primary Contact Name:</b>	<b>Primary Contact Best Phone:</b>
<b>Company/Ranch Address (+PO Box if Applicable):</b>	<b>Company/Ranch Shipping Address:</b>
<b>Primary Contact Best Email Address:</b>	<b>Date Approval is Needed By:</b>

**1.2 Additional Ranch Locations:**

Please list and identify additional ranch locations: (In addition to Ranch Head Quarters.)

<b>Ranch/Pasture Name</b>	<b>Location (City and State)</b>	<b>Miles from Ranch HQ</b>

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

**Section 2: EMPLOYEE TRAINING**

**2.1 Employees and Responsibilities:**

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

**Section 3: RECORD KEEPING**

**3.1 Please identify the records that you keep:**

Record Type	Check if "Yes"	Record Type	Check if "Yes"
Calving Records	<input type="checkbox"/>	Preg Check Records	<input type="checkbox"/>
Branding Tally	<input type="checkbox"/>	Vaccine Records	<input type="checkbox"/>
Treatment Records	<input type="checkbox"/>	Medicinal Inventory	<input type="checkbox"/>
Personnel Records	<input type="checkbox"/>	Pasture Records	<input type="checkbox"/>
Pasture Movement Records	<input type="checkbox"/>	Purchased Cattle Records	<input type="checkbox"/>
Inventory of Hormones	<input type="checkbox"/>	Shipping Records	<input type="checkbox"/>
Other Records (Please List):			

**3.2 Does the Ranch keep records for at least 3 years?**

- Yes
- No

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

- Yes
- No

**Section 4: GENERAL CALVING INFORMATION**

**4.1 How many calves is the Ranch planning to put into the Legacy Verified Program(s)?** \_\_\_\_\_

**4.2 How many cows do you run?** \_\_\_\_\_

**4.3 Do you record Individual Calving birthdates or just First and Last Calf Born?** \_\_\_\_\_

**4.4 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)

**4.5 Have the calves ever moved off of the ranch? (No longer under Ranch Management)**

- Yes – Please Describe Circumstance:**
  
- No**

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

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

**4.7 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**

**4.8 When will you apply the Program Compliant Tags? (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).**

**4.9 How do you plan to market your cattle?**

**Section 5: NHTC**

**5.1 Are you aware that NHTC cattle may not be administered hormones at any time in their lives?**

Yes

**5.2 Do you feed any feedstuffs with hormone growth products?**

Yes

No

**5.3 If you feed any feeds with prohibited products (hormones) please describe how you segregate the feeds with hormones from the Program Cattle Feed:**

N/A

**5.4 If you feed commercial or breeding cattle prohibited feeds (hormones), please describe how you ensure that program cattle do not receive cross-contaminated feed. (Include any cattle segregation and flushing procedures.)**

N/A

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

Yes

No

**5.6 Please list hormones maintained onsite:**

N/A

**5.7 Please describe how are the above-referenced hormones inventoried?**

- N/A

**5.8 How are animals that fall out of the NHTC program identified and marketed?**

**Section 6: LEGACY NATURAL**

**6.1 Are you aware that Legacy Natural cattle may not be administered antibiotics, hormones or be fed animal by-products at any time in their lives?**

- Yes

**6.2 Do you feed any prohibited feedstuffs to breeding and/or commercial cattle?**

- Yes
- No

**6.3 If you feed any feeds with prohibited products please describe how you segregate the feeds with prohibited ingredients from the Program Cattle Feed:**

- N/A
- See Section 6 for Feed Segregation Procedures (Same for Legacy Natural as it is for NHTC.)

**6.4 If you feed commercial or breeding cattle prohibited feeds (hormones), please describe how you ensure that program cattle do not receive cross-contaminated feed. (Include any cattle segregation and flushing procedures.)**

- N/A
- See Section 6 for Procedures (Same for Legacy Natural as it is for NHTC.)

**6.5 Do you maintain any prohibited products (antibiotics, hormones, animal by-products) onsite?**

- Yes
- No

**6.6 How are animals that fall out of the Legacy Natural Program identified and marketed?**

**Section 7: FEEDS AND FEEDING**

**7.1 Please list and identify ALL of the pre-mixed or commercial feeds maintained onsite at the ranch in the table below – Include ALL cattle feeds. (Attach any additional pages if necessary.)**

<b>Product Name</b>	<b>Manufacturer</b>	<b>List Any Prohibited Ingredient if Applicable</b>



**Section 8: 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**

**Please feel free to contact us if you have any questions or concerns.**

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