



## **Meat Supplier Information**

Farm Name:

Physical Farm Address:

On Farm Contact:

Type of Operation:

Total number of Animals:

Is your product USDA certified organic:

Which third party organic certifier conducts your annual inspection?

Does a third-party Animal Welfare certifier audit your operation?

**If not certified organic or welfare certified, please answer all of the following questions or indicate whether the question is not applicable to your operation. If you raise multiple species that are sold to MOM's, please provide answers for each.**

**If third-party humane certified, please answer the questions in the feed section below.**

**A livestock health and management plan may be submitted in place of the following questionnaire.**

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<b>Animals</b>
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Are any of your animals genetically cloned or altered?

Are animals physically altered in any way (Tail docking, Needle tooth Control in piglets, Beak clipping in birds, etc.?) If so, please explain procedure and state whether pain control is utilized.

How many days per year do the grazing animals have access to pasture?

For grazing animals, what percentage of diet is from dry matter intake?

How are individual animals identified?

How are sick animals managed?

Do you sell any animals to MOM's that have been treated with antibiotics?

If worming or parasite control is necessary, what methods are used?

<b>Feed</b>
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Have your animals been fed a vegetarian diet with feed free from any animal by-products?

Is feed free from growth promoters and sub-therapeutic antibiotics including ionophores and coccidiostats?

Is Feed GMO free?

Please provide the name and address of your feed supplier:

Please Provide the Brand Name and composition of the feed:

## Handling

What is the size and stocking rate for each building, pen, or pasture unit?

If confinement is necessary, how much space is provided for each animal?

If in a building, how much floor space is available for each animal?

Do your animals have continuous outdoor access?

If no, please explain why outdoor access is restricted:

Are ruminants allowed continuous access to pasture throughout grass growing season?

If pastured, how is that pasture managed?

What protections are provided to protect animals against inclement weather?

What protections are provided against predators?

What is your pest management plan:

## Harvesting and Processing

Name of Hauler:

Name and address of Processor:

How far must the animals travel from the farm to the processing facility?

What is your processor's slaughtering method?

I, \_\_\_\_\_, an authorized representative of the  
company, \_\_\_\_\_, certify under penalty of perjury that the foregoing  
is true and correct.

\_\_\_\_\_  
*Signature of Authorized Representative*

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

*Please sign and email scanned document to [Chris.miller@momsorganicmarket.com](mailto:Chris.miller@momsorganicmarket.com) or  
fax to our Central Office 301-816-1133:*