

Tag #	_
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			Tyson Supplier Affid	lavit - Prohibited Feed & Antib	oiotics
I		_(print), represer	nting		(print)
	, represent, warrant, and attest that the follow nder my authority, direction, and/or ownership			he cattle provided to Tyson Fresh Mea	ts, Inc.
	d all rations fed to cattle have not been fed "pro			at & bone meal) as defined by FDA CFR	1
• Any an (WHO) auspice	d all antibiotics used have been used (i) in acco b, World Organization for Animal Health (OIE s of a veterinarian, (iii) in compliance with FD cr's cattle have at all times been handled proper) and the American \(\) A regulations, and (i	Veterinary Medical Associa v) have not been used solel	ation (AVMA), (ii) administered under the y for the purpose of growth promotion.	he
welfare	, (ii) all applicable federal, state, local laws, ar Welfare training policies.	nd (iii) in compliance	e with Tyson's Zero Tolerar	nce Policy, Animal Welfare Reporting, a	and
	Additional information on Tyson's animal was Animal Welfare and on Tyson's Animal We				f
	Animai wenare and on Tyson's Animai we	enare Page: https://w	ww.tysonsustamaomty.com	n/agriculture/animai-wenare-approach.	
	authorized Tyson officials may conduct inspect velfare documentation at locations from which				animal
	oplier or his/her/its authorized agent, represent epresentations, warranties, and attestations con		that I am acting under pro	per authority and that I am duly author	rized to
affidavit on-	rit shall remain in effect until revoked in writ record is cause for Tyson to refuse to slaught of this affidavit for his/her/its records.				
Signature:		-	Date:		
Address:					
	(street)	(city)	(state)	(zip)	
Email Address:		-	Cell Phone Number:		
Parent / Guardian			Date:		
Signature:		-			
animal protreceived. C	CFR 589.2000 requires ruminant feeders to keep in is prohibited material. Such records wo copies of these records are to be made available segoodynara/cfr/waisidx 00/21cfr589 00.html	ald include purchase able to FDA upon a	e invoices and labeling for	all feeds containing animal protein pr	roducts
(http://www	nce for Industry #209 and Docket No. FDA-/ fda.gov/downloads/AnimalVeterinary/Guidan v.federalregister.gov/articles/2015/06/03/2015	ceComplianceEnfor	cement/GuidanceforIndustr		
	oducers are urged to secure similar assurances as to Tyson Fresh Meats please call 605-235-21		S.	Tyson Form 17636 (12/08/2	22)
Tyson Supp	lier Number(s): [To be completed by Tyson repre	esentative(s)]			

RELEASE

TO: Tyson Fresh Meats, Inc.	
("Producer") is a part Beef Carcass Program ("Company") which provides sold by the members, and as part of this service Tyson Fresh Meats ("TFM") in regard to cattle prinformation includes, but is not limited to the information includer's understanding that this information is computer database.	Company needs certain information from ourchased by TFM from Producer, which rmation listed on attached Exhibit A. It is
Please accept this agreement as Producer's appr Company on Producer's sales of live cattle to TFM. T full access to any records Producer would have acce to TFM, or such other records TFM agrees to make shall remain in effect until Producer has provided TFI longer authorized to have access to records on the sa	FM is hereby authorized to allow Company ss to in regard to Producer's sales of cattle available on such sales. This agreement with a written notice that Company is no
Producer agrees to protect, defend, indemnify and and all claims, actions, liabilities, losses, costs and fees and costs, even if such claims are groundless, fror alleged damage to any property, or any other cresulting or claimed to result in whole or in part f Company.	expenses, including reasonable attorneys' raudulent or false, arising out of any actual damage or loss, by whomsoever suffered,
Producer Signature:	(Exhibitor)
Name (Print):	
Title: Date:	
nate:	

Parent/Guardian Signature:_____



Market Beef ear tag number(s):

MARKET BEEF

Count	y: <u>Umatilla</u>	Premise ID #:
Last N	ame:	First Name:
food cha	ain and become edible food products for	have an obligation to be a responsible producer and that all animals will enter th the consuming public. This subjects every exhibit animal to all state and federa ood & Drug Administration, Animal Plant Health Inspection Service, Food Safet
	on Service, and Environmental Protection	
> We, & FI may	the undersigned, certify that we have re a-FA fair, or the 4-H division of the State Fa	ad, understand and will abide by all rules and regulations of the local county 4- ir. We agree to the condition that these exhibit animals (identified on this form preign substances. Also, as a condition of entry, exhibitor agrees to a backgroun
pest		nformation on the back of this form for any injectable, water, or feed medication Iministered to exhibit animals. Use of these products may require additional tim st.
or o dru	ther substance, and are in compliance wit g residues and withdrawal periods.	oleted any withdrawal time relative to the administration of any legal drug, vaccin th applicable FDA and USDA regulations (and similar state regulations) concernin
the	requirements of the regulations codifying	treceived drugs that are not in compliance with label indications or, if applicable the Animal Medicinal Drug Use Clarification Act amendment to the Federal Food of a valid Veterinary/Client/Patient relationship).
	plations are detected, appropriate state and ibitors will be subjected to penalties as de	nd federal authorities will be notified, and regulatory action can be expected. Als etermined by show management.
are feed 21 (reco	adulterated within the meaning of the Fed I containing protein derived from mamma	·
> Effe wer	ctive 9/30/08: COOL (Country of Origin La	abeling) Compliance. By signing below, I/we hereby certify that all animals liste; we have followed all COOL compliance guidelines and have maintained th
➤ <u>Effe</u>	·	s have not received any form of zilpaterol hydrochloride (Zilmax®, Showmax®, c
		nals have been raised using Beef Quality Assurance principles.
➤ <u>Effe</u>		tation of animals will/has been done by Beef Quality Assurance Transportatio
> We	further certify the information provided i	is correct and accurate, and that we have read and understand these regulation ity accepting my (our) animal(s) for harvest.
Owner /	Exhibitor Signature	Parent or Guardian Signature
Date		Parent/Guardian, please affirm below your certification:
Date		BQA (Beef Quality Assurance)

BQA Certificate Number: _____

Youth, please affirm below your certification:

YQCA Training Expiration Date: _____

YQCA Certificate Number: ___

BQA Training Expiration Date: _____

YQCA (Youth for the Quality Care of Animals)

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Individual or Pen Animal Treatment Records

Animal ID or Pen Location	Treatment Date	Product Name	Amount of Drug Given (cc, water or feed concentration)	Route (feed, water injectable by IM or SQ, topical)	Remarks/ Initials or Who Administered	Withdrawal Time Needed Before Harvest	Date Withdrawal Completed

FORM 3017 (REV 6/09)

OREGON TRANSPORTATION CERTIFICATE

This Certificate Does Not Authorize Transportation of Cattle out of Oregon

Name of C)wner:					Date:
Address:				City/Town:		Zip:
Shipped F	rom:			To:		Phone #:
Carrier:				Vehicle #:		Premises ID#:
# of Head	Breed/ Color	Sex	Brand or Ear tag #	Location of Brand	Ear Marks R L	Other Comments/Clearance
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I,			, on this	day of	<u>, </u>	do certify that I am in lawful possession
of the a	bove-describe	d anima	ls. Owne			or Agent
				Sign	nature	Signature
	Cl	neck th	is box if the a	nimals on th	nis certificate	are of USA origin. 🛚

- This form must be submitted for ALL branded steers
- Must be signed by owner of the brand.

TATE OF OREGO					
PEPARTMENT OF	N AGRICULTURE			Ex	32034
	MOMEOLIOKE			EX	32434
C	HANGE	OF OWNERS	HIP BRAND IN	SPECT	ION
			SPORTATION O		
		GOOD FOR	(1) HEAD ONLY		
BREED	SEX		BRAND		EAR MARKS
		DESIGN	LOCATION		EAR MARKS
					R CO L
OTHER BRANDS,	DESCRIPTION	OR CLEARANCE:			
		10			
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day of	- 0	114.1		do o	ertify that I am
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in lawful pos	session	f the above d	escribed animal	that I h	nereby sell and
transfer for	a good ar	d valuable c	onsideration to	me pai	d the livestock
described he	rein to			me par	a the hvestock
NODRESS			CITY	STATE	ZIP
and that I ha	ve not sol	d more than t	fifteen (15) cattl	e durino	the nast eight
(8) days to th	ie herein i	noted purchas	ser.		, and past eight
This certificat	te is issue	ed by the selle	er and accepted	by the	busine in tion of
orand inspec	tion requi	red under OR	S 604	by the	buyer in lieu of
			0 004.		
/					
-		SELLER'S	SIGNATURE		
		CONTRACTOR OF THE PARTY OF THE	and the second		
			CITY		
DDMESS				STATE	ZIP
ODMESS	-538		IGENT	STATE	ZIP
ADDRESS This and if the			AGENT		
	e does no		ansportation of I		
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This certificat	y must be	t authorize tra	ansportation of I	ivestock	out of Oregon
This certificat	y must be	t authorize tra	ansportation of I	ivestock	out of Oregon