



# Meyer Natural Angus Program

Meyer Natural Foods  
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<b>MNA #</b>
<b>Contract #</b>
<i>For Office use only:</i>

## Cattle Affidavit

All producers must sign and complete in full their appropriate segment of this affidavit. Completed affidavit must be provided to an MNF Representative.

### Before completing and signing, read this section carefully to ensure your cattle uphold MNF Standards.

- 50% Red or Black Angus Genetics (Determined by using the simple average of the Angus Genetics in the Sire and the Dam.)
- Never received ionophores, antibiotics, or beta-agonists.
- Never been administered any growth implants or hormones.
- Vegetarian Fed: No Mammalian, Fish, or Avian By-Products with the exception of milk or milk derived products.
- Raised in accordance with MNF Humanely Handled Standards.
- No Dairy influence.
- No bulls or stags.
- Have been fed an MNF Approved Direct Fed Microbial (DFM) during the finishing phase.
- Born and Raised in the USA.
- Less than 30 months of age at slaughter.
- Management records kept for minimum of 3 years.

Producers are subject to on-site evaluations on all Standards included on this affidavit.

### **COW/CALF PRODUCER:** (Please print) Name / Ranch: \_\_\_\_\_

Address: \_\_\_\_\_ Date of First Calf Born: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex (check one):  Steer  Heifer  Mixed

Form of ID (check all that apply):  Visual Tag  EID Tag  Brand Describe other: \_\_\_\_\_

If Producer finished cattle at home, Direct Fed Microbial (DFM) used : \_\_\_\_\_  Not Applicable

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

### **BACKGROUNDER:** (Please Print) Were calves grown at a location other than home ranch or feedlot? Yes No If Yes, complete this section:

Name / Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

### **FEEDLOT:** (Please Print) Were calves finished at home ranch? Yes No If No, complete this section:

Name / Company: \_\_\_\_\_ Lot # (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Approved Direct Fed Microbial (DFM) used : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (DFM) \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_