

# NEW YORK BEEF QUALITY ASSURANCE PROGRAM

## BQA Checklist and Contract

**I am committed to producing cattle which are safe, wholesome, high quality, consistent and produced in an environmentally sound manner. To do this, I will strive for the following:**

### Feedstuffs/Feed Additives

- ✓ A quality feed control program will be maintained for all incoming feed ingredients.
- ✓ Only FDA-approved medicated feed additives will be used in rations.
- ✓ Proper withdrawal time for all additives and pesticide/herbicide use will be observed to avoid violative residues.
- ✓ Ruminant derived protein sources will not be fed.

### Processing/Treatment & Records

- ✓ Extra-label drug use will only be used when prescribed by a veterinarian with a valid veterinary/client/patient relationship.
- ✓ Records will be maintained for all treatments (individual or group) following BQA suggested record keeping guidelines and will be kept for a minimum of three years.
- ✓ All processing and treatment records will be transferred with the cattle to the next production level.

### Injectable Animal Health Products

- ✓ All injections will be administered in the neck region only. This includes both subcutaneous and intramuscular injections.
- ✓ All individual treatments will strictly follow only FDA/USDA/EPA guidelines, and products which cause tissue damage will be avoided.

### Care and Husbandry Practices

- ✓ Cattle management will follow animal care and well-being guidelines that conform to good veterinary and husbandry practices to avoid bruising, stress, or injury.
- ✓ Regularly evaluate and implement bio-security practices.

***I have reviewed the New York Beef Quality Assurance handbook and agree to abide by the guidelines of the New York Beef Quality Assurance program. I will do my best to produce safe, wholesome beef that meets or exceeds consumer expectations.***

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

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Circle those that apply to your business: Feedlot    Cow/Calf    Seedstock    Stocker    Dairy

#### Office Use Only

BQA Certification # \_\_\_\_\_ Date \_\_\_\_\_

Date Processed \_\_\_\_\_ Renewal Date \_\_\_\_\_