

# BQA Re-Certification Form

## BQA Checklist and Contract

I am committed to the humane production of beef 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.

---

Each individual wishing to be BQA Certified must complete **their own contract** regardless of multiple farm members.

---

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

Name: \_\_\_\_\_ Farm Name: \_\_\_\_\_

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

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

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

**Option 1: For Continuing Education, I attended the following educational meeting related to Animal Health:**

Meeting Date \_\_\_\_\_ Sponsored by \_\_\_\_\_

Topic \_\_\_\_\_

Presenter \_\_\_\_\_

Send all forms to: NY Beef Council, PO Box 250, Westmoreland, NY 13490

**Option 2: For Continuing Education, I had a Veterinary Consultation**

On \_\_\_\_\_(date) I had a consultation (30 minutes or more) with the above named producer(s) which covered topics related to animal health on the farm, which may include injections, residues, herd health plan or other topic of DVM’s discretion.

Notes from discussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_, DVM

**Option 3: For Continuing Education, I completed BQA online or at an in-person training**

Date Completed: \_\_\_\_\_

Training Location: (online or location of in-person training) \_\_\_\_\_

**New York State Level II Re-Certification  
Veterinarian/Client/Patient Relationship  
Validation Form**

**To be completed by Producer:**

Producer Name (list all individuals who apply): \_\_\_\_\_

Farm Name \_\_\_\_\_

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

County: \_\_\_\_\_ Email: \_\_\_\_\_

**To be completed by Veterinarian:**

Name: \_\_\_\_\_, DVM

Clinic/business Name: \_\_\_\_\_

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

License No. \_\_\_\_\_ USDA Accreditation No. \_\_\_\_\_

**I hereby certify that a valid Veterinarian/Client/Patient/Relationship (VCPR) is established for the above listed owner(s) and will remain in force until canceled by either party or the verification expiration date is reached.**

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

\*\*\*\*\*

**Send all forms to: NY Beef Council, PO Box 250, Westmoreland, NY 13490**