



## Re-Certification Form

### BQA Checklist and Contract

**I am committed to the humane production of beef cattle that 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 that 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.

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

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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 \_\_\_\_\_

**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 plans or other topics of DVM's discretion.

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

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

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

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

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

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**Send all forms to New York Beef Council, PO Box 383, Clinton, NY 13323  
Or by email to CClaudio@nybeef.org**