

Application Instructions

1. **Complete** both the **Universal Application** and the attached **Application**.
 - a. *Applications are to be completed in their ENTIRETY.*
2. **Submit** the two **applications**
3. **Submit a diagram** of each pen/pasture on a separate piece of paper that includes:
 - a. Physical address of the property, and the distance from the main farm/ranch
 - b. Total acreage of the property
 - c. The location and size of each pen/pasture/corral
 - d. The size and location of any buildings or structures on the property
 - e. The location of feeders and drinkers inside each pen/pasture/corral
 - f. The location of animal handling facilities
4. **Submit** the Application Fee of \$75.00 to Humane Farm Animal Care.
 - a. Mail to Humane Farm Animal Care, P.O. Box 82, Middleburg, VA 20118
 - b. Make a payment via the online portal found at certifiedhumane.org.

*Completion of the Application provides HFAC an overview of your facility and management, so it is important that you do your best to **fill out the entire application**. A thoroughly completed application will:*

1. **Avoid delays** in your certification.
2. **Reduce** the amount of time taken to conduct an **inspection**.

BEFORE YOU PROCEED

At the inspection, you must be prepared to show the HFAC Inspector the following at his/her visit to the Unit:

- Death/mortality records and reasons for mortality (when known)
- Medicine records retained for 1 year (including reason for use, drug used, and withdrawal/safe sale date)
- Stocking rates and pen/pasture sizes
- Feed and feed ingredient records for previous year
- Movement records (bought and sold dates)
- Quarantine records of incoming deer
- Production data
- Record of vital automatic equipment maintenance checks
- List of routine farm maintenance checks
- Training and/or experience of all staff involved in the livestock enterprises
- Demonstrate safe, hygienic, well-maintained buildings/environment, handling equipment and automatic equipment.
- Emergency contacts
- Record of actions taken on complaints about the operation's compliance with HFAC standards

TODAY'S DATE:



APPLICATION FOR CERTIFICATION OF RED DEER OPERATIONS

| GENERAL INFORMATION | | | | |
|--|-----------------|--------------------------------|-----------------|-----------------------------------|
| FARM NAME: | | OWNER: | | |
| FARM CONTACT NAME: | | | | |
| TELEPHONE: | | WEBSITE: | | |
| MOBILE: | | EMAIL: | | |
| OFFICE/BILLING CONTACT: | | EMAIL: | | |
| FARM ADDRESS (of the barn to be inspected) | | MAILING ADDRESS (if different) | | |
| COUNTY (for US producers): | | | | |
| <i>OTHER CONTACT (include someone who can receive phone calls or messages for you if you do not have phone or email):</i> | | | | |
| NAME: | | EMAIL: | | |
| TELEPHONE: | | MOBILE: | | |
| FARM'S LEGAL STATUS/ ORGANIZATIONAL STRUCTURE <input type="checkbox"/> Sole Proprietor Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> | | | | |
| List brand name(s) product is sold under: | | | | |
| Type of Operation <i>(check all that apply)</i> : <input type="checkbox"/> Hind-fawn <input type="checkbox"/> Stocker <input type="checkbox"/> Finisher <input type="checkbox"/> Reared fawns sold <input type="checkbox"/> Stocker deer sold <input type="checkbox"/> Finisher deer sold | | | | |
| Who pays certification fees? | NAME: | | EMAIL: | |
| Are other addresses used for raising deer? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, fill out a separate app for these additional locations.</i> | | | | |
| Total Number of: | Breeding Hinds: | | Breeding Stags: | |
| Total Number in Last 12 Months: | Fawns born: | Fawns sold: | Stockers sold: | Finished Stock Sent to slaughter: |
| Name, phone number, and physical address of HAULER (TRANSPORTER): | | | | |
| Name, phone number, and physical address of ABATTOIR (PROCESSOR) <i>(must also include this location in Universal Application)</i> : | | | | Miles from farm: |
| Member of other quality assurance or commercial certification programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Name of programs: | | | | |
| Do you have a closed herd? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, please answer the following 3 questions:</i> | | | | |
| Total number of fawns/stockers purchased in last 12 months: | | | | |
| Name and Address of Supplier, if purchasing deer: | | | | |
| Destination of Deer Sold for Finishing (Customer): | | | | |

FARM QUESTIONNAIRE: RED DEER

1) FACILITIES

For each location you use to raise deer, you must submit a diagram of the property that includes the following information:

1. Physical address of the property, and the distance from the main farm/ranch
2. Total acreage of the property
3. The location and size of each pen/pasture/corral
4. The size and location of any buildings or structures on the property
5. The location of feeders and drinkers inside each pen/pasture/corral
6. The location of animal handling facilities.

Attach the diagram(s) to this application.

Describe your animal handling facilities (chutes, restraint systems, handling aids, etc.):

What protection for animals from inclement weather (windbreaks, shade, etc.) is provided during:

Winter _____

Summer _____

What protection from predators (dogs, coyotes, etc.) is provided? _____

How/where are stags housed? _____

2) ENVIRONMENTAL IMPACT POLICY

a. How is medical waste (needles, scalpel blades, medicine containers, syringes, etc.) disposed of?

Are sharps containers used? Y N
(leak-proof, puncture resistant container, such as empty coffee tin, or similar)

b. Describe your land management program: _____

3) HERD BIOSECURITY POLICY

- a. Describe quarantine and processing of newly purchased stock or those returning to the farm (including hinds, stags, first-fawn hinds, and young neutered males).
- c. Are sick animals segregated from the rest of the herd? Y N
If yes, where? _____

4) FEED AND WATER

Feed Suppliers

Name of Supplier:

Address:

Telephone No.:

Mills Used:

Major source/minor source (circle one)

Name of Supplier:

Address:

Telephone No.:

Mills Used:

Major source/minor source (circle one)

Does feed contain avian- or mammalian-derived protein and any other animal by-products? Y N

If yes, please specify which: _____

Does feed contain growth promoters and sub-therapeutic antibiotics? Y N

If yes, please specify which: _____

How much bunk space is available per animal? _____

Are deer kept on grazing pastures during grass-growing season? Y N

How is animal access to poisonous plants or unsuitable feedstuffs prevented? _____

Water

What type of waterers do the deer have access to? _____

How many waterers of each type are in each pen/pasture? _____

What are emergency or backup water sources? _____

Fawns

What backup source of colostrum is available for fawns who may need it? _____

If colostrum must be provided manually to a fawn, when is it given? _____

At what age are fawns weaned? _____

At what age are fawns provided forage or creep feed? _____

7) ANIMAL HEALTH PROCEDURES

Name of Veterinarian: _____

Phone Number of Veterinarian: _____

Vaccination Program

Fawns (Defined < 6 months)

| Age | Vaccinating for | Age | Vaccinating for |
|-----|-----------------|-----|-----------------|
| | | | |
| | | | |
| | | | |

Young stock (Defined as 6 – 12 months)

| Age | Vaccinating for | Age | Vaccinating for |
|-----|-----------------|-----|-----------------|
| | | | |
| | | | |
| | | | |

Hinds / Stags (Defined as 12 months or more)

| Age | Vaccinating for | Age | Vaccinating for |
|-----|-----------------|-----|-----------------|
| | | | |
| | | | |
| | | | |

De-Worming Program

Fawns (Defined < 6 months)

| Age | Parasite/Application | Age | Parasite/Application |
|-----|----------------------|-----|----------------------|
| | | | |
| | | | |

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Young stock (Defined as 6 – 12 months)

| Age | Parasite/Application | Age | Parasite/Application |
|-----|----------------------|-----|----------------------|
| | | | |
| | | | |
| | | | |

Hinds / Stags (Defined as 12 months or more)

| Age | Parasite/Application | Age | Parasite/Application |
|-----|----------------------|-----|----------------------|
| | | | |
| | | | |
| | | | |

External Parasite Control Program

Fawns (Defined < 6 months)

| Age | Parasite/Application | Age | Parasite/Application |
|-----|----------------------|-----|----------------------|
| | | | |
| | | | |
| | | | |

Young stock (Defined as 6 – 12 months)

| Age | Parasite/Application | Age | Parasite/Application |
|-----|----------------------|-----|----------------------|
| | | | |
| | | | |
| | | | |

Hinds / Stags (Defined as 12 months or more)

| Age | Parasite/Application | Age | Parasite/Application |
|-----|----------------------|-----|----------------------|
| | | | |
| | | | |
| | | | |

Management Procedures

Antler removal

Age: _____ Method: _____ Is pain control used? Y N

Castration:

Age: _____ Method: _____ Is pain control used? Y N

Are any other physical alterations performed? Y N

If yes, please explain: _____

Describe management of orphan or feedlot fawns. _____

Animal identification

How are individual animals identified? _____

8) CASUALTY STOCK POLICY

a. What is the protocol for handling and caring for non-ambulatory animals?

b. Emergency Euthanasia Plan (by age group)

Emergency name and phone number: _____

Rendering or disposal service: _____

| STAGE OF PRODUCTION | EUTHANASIA METHOD OF CHOICE | ALTERNATIVE EUTHANASIA METHOD |
|---------------------|-----------------------------|-------------------------------|
| fawns | | |
| young stock | | |
| adult deer | | |

| INDIVIDUAL TRAINED AND APPROVED TO PERFORM EUTHANASIA ON FARM | | |
|---|-------------------------|---------------|
| Name | Trained and Approved By | Approval Date |
| | | |
| | | |
| | | |
| | | |
| | | |

9) ANIMAL RELATED EMERGENCY ACTION PLANS

Are employees made aware of procedures to follow in an emergency? Y N

Emergency Contact(s): _____

Phone Number(s): _____

List Local Fire Dept.: _____

Phone Number: _____

Normal stock water supplies: _____

Emergency stock water supplies: _____

Normal power sources: _____

Emergency power supplies: _____

10) STOCKPERSON COMPETENCY TRAINING

List personnel who perform routine management procedures.

Antler Removal

| Employee | Type of Training |
|-----------------|-------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Castration

| Employee | Type of Training |
|-----------------|-------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Administration of Injections

| Employee | Type of Training |
|-----------------|-------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Animal husbandry or animal handling

| Employee | Type of Training |
|-----------------|-------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

PRODUCER AGREEMENTS

I/we _____, the duly authorized representative(s) of the operation described in this application, hereby affirm that all information supplied in this document and any attachments is true and accurate.

I affirm that I have read and understood the Humane Farm Animal Care (HFAC) standards applicable to my operation. I affirm my commitment to abide the HFAC certification polices, procedures and standards. No prohibited products or practices have been used, applied, or otherwise allowed to compromise the integrity of the products sold by me. I understand that failure to comply with the standards or giving false information may result in revocation of the certification of my operation.

I understand that the operation will be inspected annually and may also be subject to unannounced inspection and/or sampling for residues at any time. If the operation is a member of a Producer Group, I understand that the Internal Control System of the Producer Group will inspect the operation at least annually and that Humane Farm Animal Care may also conduct inspections of the operation. I agree to report any significant changes to the Farm Questionnaire to HFAC and to supply any information needed for evaluation of products to be certified.

I understand that submission of this application does not guarantee or imply certification. I give permission for HFAC, staff, committee members or field inspectors to visit my farm and examine fields, buildings, animals, files, documents and records, including but not limited to financial data and tax returns. I understand and agree that no HFAC staff member, board member, committee member, inspector, consultant, subcontractor, or volunteer shall be held liable or responsible for any amount in excess of the certification fees paid. I give my permission for HFAC to use subcontractors to perform tasks released to the process of certification.

I give permission for HFAC to release information from my file to other recognized certification organizations for purposes of document review. I understand that HFAC will obtain confidentiality statement from the requesting certifier before releasing any information.

All information provided in this application will be held in strict confidence and will be used by the inspector, office staff and certification committee members for certification purposed only. The above individuals have disclosed potential conflicts of interest and are bound by confidentiality agreements. HFAC has my permission to obtain information, documents, or materials related to certification, suspension of certification, or revocation of certification from other certifiers.

Signature Authorized Representative of the Producer

Date

PLEASE ENSURE THAT THE UNIVERSAL APPLICATION IS COMPLETED, SIGNED AND SUBMITTED WITH THIS APPLICATION. FAILURE TO PROVIDE THIS INFORMATION MAY CAUSE DELAY IN SCHEDULING YOUR INSPECTION.