

# 5-Step® Animal Welfare Rating Standards Pilot Program

## Application: BISON



Please fill in this 8-page application as completely and accurately as possible.  
 Incomplete applications will be returned and delay audit scheduling.  
 Answers should reflect what your operation is currently doing.

### OPERATION CONTACT INFO:

<b>Name of Operation</b>			
<b>Contact Person(s)</b>			
<b>Position(s)</b>			
<b>Mailing Address</b> (street, city, state/province, zip/postal, country)			
<b>Contact Information</b>	<b>Email</b>	<b>Tel</b>	
<b>Preferred Method of Contact</b>	<input type="checkbox"/> Tel		<input type="checkbox"/> Email
<b>Name of supplier/producer group/coop/marketing arm that the operation is affiliated with, if any.</b>			

### CURRENT AND PAST CERTIFICATES:

<b>Does the operation hold a <u>current</u> Step certificate?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>If YES</b>	<b>Issued by</b>	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> IMI Global
				<b>Certificate #</b>	<b>Expires on</b>		
				<b>Step rating</b>			
<b>Has the operation ever held a Step certificate in the past?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>If YES</b>	<b>Issued by</b>	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> IMI Global
				<b>Certificate #</b>	<b>Expires on</b>		
				<b>Step rating</b>			
<b>Has the operation ever had a 5-Step audit where it wasn't certified?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>If YES</b>	<b>Conducted by</b>	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> IMI Global
				<b>Date of audit</b>			
				<b>Reason for no certification:</b>			

### APPLICATION SUBMITTED BY:

- the Operation. *Please go to Signature section.*
- a Designated Representative (affiliated with a supplier). *If so, please complete the following, then go to Signature section.*

<b>Contact Person(s)</b>			
<b>Position(s)</b>			
<b>Contact Information</b>	<b>Email</b>	<b>Tel</b>	
<b>Preferred Method of Contact</b>	<input type="checkbox"/> Tel		<input type="checkbox"/> Email

### OPERATION or DESIGNATED REPRESENTATIVE'S SIGNATURE:

**You represent and acknowledge that all information on this 8-page application herein is accurate.**  
 Regardless of who signs this document, the owner of the operation is responsible for accuracy and content of this application.

<b>Printed Name</b>			
<b>Signature*:</b>		<b>Date:</b>	

\* If the applicant uses the signature wizard on this fillable form, please use a digital image of your signature to 'sign' the document.

**GENERAL OPERATION INFORMATION:**

- cow-calf only** (has breeding herd and sells weaned calves to another operation)
- cow-calf-finisher** (raises animals from birth to slaughter; may also sell some weaned calves to another operation; and may also buy in animals and raise to slaughter)
- feeder operation** (buys in weaned calves, yearlings, 2 yr olds and raises to slaughter)
- other** (please describe):

Site	Physical Address	City	State / Province	Zip / Postal	Country	Size (acres)	# of Months In Use Each Year	Distance from Site 1 (miles)
1*								
2								
3								
4								

\* Site 1 is home ranch / main site

Please complete the following based on total number of animals of each category that are on-site at the time of application:

Site	# of Bulls	# of Cows	# of Calves (unweaned)	# of Market Animals (weaned calves, yearlings, 2yr olds, backgrounders, feeders, or finishers)	# of Replacement Stock
1*					
2					
3					
4					

What number of animals do you expect to market as GAP this year?	
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What species do you raise? <i>Check all that apply.</i>	<input type="checkbox"/> Plains bison <input type="checkbox"/> Woods bison <input type="checkbox"/> Plains x Woods <input type="checkbox"/> Beefalo/Cattalo <input type="checkbox"/> Other: _____
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**WHAT STEP-RATING ARE YOU AIMING TO ACHIEVE?**

<input type="checkbox"/> <b>Step 1</b>	<b>no crowding</b>	<i>Bison in Step 1 systems may live part of their life in a feeder pen</i>
<i>There is no Step 2 for bison.</i>		
<i>There is no Step 3 for bison.</i>		
<input type="checkbox"/> <b>Step 4</b>	<b>pasture centered</b>	<i>All bison live continuously on pasture and may not be finished in feeder pens</i>
<i>There is no Step 5 for bison.</i>		
<input type="checkbox"/> <b>Step 5+</b>	<b>animal centered: entire life on same farm</b>	<i>All bison live continuously on pasture and are processed at a mobile or on-farm slaughter facility</i>

Will <u>all</u> bison be raised according to the 5-Step standards? For example, a feeder operation may have multiple programs with Step-rated and non-Step-rated animals, this would be considered a split operation so the answer for this operation would be 'no'.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**For each of the following questions, please answer by checking the appropriate box.**  
**Your answers should reflect your operation's current situation or practice.**

A) GENERAL		YES	NO
1	Has the operation's owner or farm manager read the 5-Step Animal Welfare Rating Standards Pilot Program for Bison?		
2	Does the operation hold any other certifications that conflict with the 5-Step standards and requirements?		
	<b>If YES</b> Please describe:		
3	Are there any laws or regulations (local, state, provincial, federal) that prohibit adherence to any of the 5-Step standards?		
	<b>If YES</b> Please provide the Standard number and additional details:		

B) FEED AND WATER			
DOES THE OPERATION:		YES	NO
4	Provide access to drinking water at all times?		
5	Provide access to grazing, hay, haylage, silage, straw or baleage at all times?		
6	Use any mammal, avian or fish by-products or waste in feed, supplements or mineral blocks?		

C) ANIMAL HEALTH			YES	NO
DOES THE OPERATION:			YES	NO
7	To the best of your knowledge, use genetically modified or cloned bison?			
8	Ever feed a supplement, pre-mixed feed, or mineral product containing antibiotics, ionophores, beta agonists or sulfa drugs? <i>Please review feed ingredients before answering.</i>			
9	Ever use antibiotics, ionophores, beta agonists or sulfa drugs to treat market animals?			
	<b>If YES</b>	What percentage (%) of the market animals in the herd have been treated?		
		How are treated animals identified? <i>Check all that apply:</i> <input type="checkbox"/> ear notch <input type="checkbox"/> ear tag <input type="checkbox"/> segregated <input type="checkbox"/> other		
		If <b>OTHER</b> , please explain:		
		How/where are treated animals marketed?		
10	Have records to identify animals treated with antibiotics, ionophores, beta agonists, or sulfa drugs?			
11	Ever use organophosphates (an active ingredient in many commercially available fly and parasite control compounds that could be applied topically as a dust, rub, spray, ear tag, or mineral block)?			
12	Use the following method(s) to euthanize bison at ( <i>check all that apply</i> ):			
	<input type="checkbox"/> high-powered firearm			
	<input type="checkbox"/> barbiturates			
	<input type="checkbox"/> other: _____			

D) ANIMAL CARE AND MANAGEMENT			YES	NO
DOES THE OPERATION:			YES	NO
13	Observe breeding herd at least <i>(check all that apply)</i> : <input type="checkbox"/> once a day <input type="checkbox"/> every 2 days <input type="checkbox"/> once a week <input type="checkbox"/> once every 2 weeks <input type="checkbox"/> other: _____ <input type="checkbox"/> I do not have a breeding herd			
14	Observe market animals at least <i>(check all that apply)</i> : <input type="checkbox"/> once a day <input type="checkbox"/> every 2 days <input type="checkbox"/> once a week <input type="checkbox"/> once every 2 weeks <input type="checkbox"/> other: _____ <input type="checkbox"/> I do not keep weaned calves or other market animals			
15	Use the following to move/handle bison <i>(check all that apply)</i> : <input type="checkbox"/> food rewards <input type="checkbox"/> paddles/flags <input type="checkbox"/> movable wall <i>(that moves with the animals, often driven by a tractor/skid-steer)</i> <input type="checkbox"/> flight zone/point of balance <input type="checkbox"/> electric prod <input type="checkbox"/> other: _____			
16	Currently disbud or dehorn animals?			
	If <b>YES</b>	What is the method? <input type="checkbox"/> wire saw <input type="checkbox"/> electric saw <input type="checkbox"/> guillotine <input type="checkbox"/> gouger <input type="checkbox"/> other: _____		
		Who performs it? <input type="checkbox"/> ranch personnel <input type="checkbox"/> veterinarian <input type="checkbox"/> other: _____		
		Is anesthetic used (e.g. lidocaine)?		
	Is analgesic used (e.g. xylazine)?			
17	Tip* the horns of animals? <i>(*remove insensitive horn tip, the portion of horn with no nerves or blood supply)</i>			
18	Ear notch or ear split animals?			
19	How are <b>breeding animals</b> identified? <i>(please check all that apply)</i>	<input type="checkbox"/> plastic dangle tags <input type="checkbox"/> RFID/EID <input type="checkbox"/> ear notch <input type="checkbox"/> not identified <input type="checkbox"/> other: _____		
20	How are <b>market animals</b> identified? <i>(please check all that apply)</i>	<input type="checkbox"/> ear tags <input type="checkbox"/> RFID/EID <input type="checkbox"/> ear notch <input type="checkbox"/> lot tag <input type="checkbox"/> other: _____		
21	What is the annual herd mortality?	<input type="checkbox"/> 1% or less <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5% <input type="checkbox"/> 6%		

**D) ANIMAL CARE AND MANAGEMENT** *Continued*

**THE CALF CROP**  **N/A - I do not have a breeding herd**  
*Please go to Q23*

22	What was the most recent calving window(s)? <i>e.g. 20 April to 30 June</i>	<b>Start</b>		<b>End</b>	
	What was the weaning date(s) or expected weaning date? <i>e.g. 10 December</i>				
	What is the average age for weaning calves (in months)?				
	Total # of calves weaned in last calf crop:				
	Total # of calves weaned younger than 7 months of age in last calf crop:				

**DOES THE OPERATION:** **YES**   **NO**

23	Have places for bison to keep cool in hot weather? <i>(please check all that apply)</i> <input type="checkbox"/> trees or woodland <input type="checkbox"/> hills/mountains/gullies <input type="checkbox"/> ponds/troughs <input type="checkbox"/> other: _____ <input type="checkbox"/> I don't have any of the above		
24	Have areas where bison can wallow?		

**E) MONTHS OF THE YEAR EACH ANIMAL GROUP HAS PASTURE ACCESS**

25	<b>cow herd</b> (including unweaned calves)													
	<input type="checkbox"/> N/A	<input type="checkbox"/> All Yr	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
26	<b>breeding bulls</b>													
	<input type="checkbox"/> N/A	<input type="checkbox"/> All Yr	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
27	<b>weaned calves</b>													
	<input type="checkbox"/> N/A	<input type="checkbox"/> All Yr	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
28	<b>yearlings</b>													
	<input type="checkbox"/> N/A	<input type="checkbox"/> All Yr	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
29	<b>2 yr olds, backgrounders, finishers</b>													
	<input type="checkbox"/> N/A	<input type="checkbox"/> All Yr	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
30	<b>replacement stock</b>													
	<input type="checkbox"/> N/A	<input type="checkbox"/> All Yr	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec

**F) FEEDER PEN DETAILS** *defined as a pen used to grow and finish market animals (also known as dry lots, feedlots, finishing pens, backgrounding pens, holding facility, pen corrals, confinement system, field lots).*  **N/A - I do not use feeder pens.**  
*Please go to Q40*

37	How much space is given per animal? <i>e.g. 400 ft<sup>2</sup> per animal. If it varies then please indicate the range.</i>	<input type="checkbox"/> ft <sup>2</sup> <input type="checkbox"/> m <sup>2</sup>
38	What is the maximum time an individual animal would be in a feeder pen?	months
39	Do feeder pens have scratching posts/brushes?	<input type="checkbox"/> YES <input type="checkbox"/> NO

G) RODENT & PREDATOR CONTROL					
DOES THE OPERATION:			YES	NO	
40	Consider predators a problem?				
	<b>If YES</b>	Does the operation ever use the following to control predators? <i>(please check all that apply)</i>	<input type="checkbox"/> firearm <input type="checkbox"/> leg-hold traps <input type="checkbox"/> neck snares <input type="checkbox"/> poisons <input type="checkbox"/> other: _____	<input type="checkbox"/> live traps <input type="checkbox"/> egg traps <input type="checkbox"/> conibear traps <input type="checkbox"/> drowning traps	

H) TRANSPORT AND LOADING					
DOES THE OPERATION:			YES	NO	
41	Provide bison with access to water until loading begins?				
42	Routinely use electric prods to load/unload bison?				
43	Use a trailer with access doors or points for the driver to access an animal if necessary?				
44	<b>Who transports bison?</b> <i>Check all that apply</i>	<b>Contact Name Information</b>			
	<input type="checkbox"/> SELF <input type="checkbox"/> transport company <input type="checkbox"/> producer group <input type="checkbox"/> processing plant <input type="checkbox"/> bison are not transported	Name & Tel:			
		Name & Tel:			
45	Are there written procedures for the driver to follow in the case of accident or emergency during transport?				
46	Does the operation (or supplier group) keep the following transport records? <i>Check all that apply:</i> <input type="checkbox"/> date of transport <input type="checkbox"/> number of bison <input type="checkbox"/> loading start and end times <input type="checkbox"/> departure and arrival times <input type="checkbox"/> reasons for any stops or delays en route <input type="checkbox"/> DOAs  <input type="checkbox"/> I don't have transport records				

I) SOURCING					
DOES THE OPERATION:			YES	NO	
47	Have records for all bison purchased?				
48	Source animals (breeding or market animals) from other operations?				
	<b>If YES</b>	Do you source animals from video auctions?	<input type="checkbox"/> <b>YES</b> If YES, please indicate category: <input type="checkbox"/> breeding <input type="checkbox"/> market <input type="checkbox"/> both		
			<b>Please provide name(s) of the video auction used to purchase animals that are on the farm today:</b>		
			Name: _____		
			Name: _____		

	Do you source animals from dedicated bison sales?	<input type="checkbox"/> <b>YES</b> If YES, please indicate category: <input type="checkbox"/> breeding <input type="checkbox"/> market <input type="checkbox"/> both	
		<b>Please provide name(s) of the dedicated bison sale used to purchase animals that are on the farm today:</b>	
		Name:	
		Name:	
	Do you source animals from sale barns/ yards?	<input type="checkbox"/> <b>YES</b> If YES, please indicate category: <input type="checkbox"/> breeding <input type="checkbox"/> market <input type="checkbox"/> both	
		<b>Please provide name(s) of the sale barn/yard used to purchase animals that are on the farm today:</b>	
		Name:	
		Name:	
	Did you source from a direct farm sale?	<input type="checkbox"/> <b>YES</b> If YES, please indicate category: <input type="checkbox"/> breeding <input type="checkbox"/> market <input type="checkbox"/> both	
		<b>Please provide name(s) of all the farms that supplied animals that are on the farm today:</b>	
		Name:	
		Name:	
Name:			
Name:			

J) SHIPPING TO				
49	Where are bison transported to after leaving your operation? <i>(Check all that apply)</i>			
If <u>YES</u>	<b>Bison ship to...</b>	<b>Please provide details of next destination:</b> <i>Please continue on a separate sheet if necessary and submit with this application</i>		
	<input type="checkbox"/> another operation	Name & Tel:		Time to destination (hrs):
	<input type="checkbox"/> dedicated bison sale	Name & Tel:		Time to destination (hrs):
	<input type="checkbox"/> sale barn/yard	Name & Tel:		Time to destination (hrs):
	<input type="checkbox"/> other: _____	Name & Tel:		Time to destination (hrs):
	<input type="checkbox"/> directly to slaughter plant	<i>please provide further information in Q51 &amp; 52</i>		
	<input type="checkbox"/> not sure yet			
	<input type="checkbox"/> bison are not transported			

K) PLANS AND PROTOCOLS			
DOES THE OPERATION:		YES	NO
50	Have a <b>written</b> farm plan (e.g. protocols, policies, SOPs, ranch manual, emergency procedures)?		

<b>M) SLAUGHTER REQUIREMENTS</b>							
<i>Note: if your operation does not deal directly with the plant, check with your producer group/co-op/marketing entity.</i>							
51	What is the transport time from your operation to the plant?						hours
52	Plant Information					Est #	Do they hold a current 3 <sup>rd</sup> party animal welfare certificate?
	name of plant		address		tel		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

**Please submit this completed application to your preferred GAP-accredited certification company for review.**