

# G.A.P.'s Animal Welfare Certified™ Standards

## Application: DAIRY CATTLE



**Each operation must fill in this 5-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.**

**Note:** G.A.P. utilizes 'operation' to define how the audit and related certification, as well as associated certification fee is determined. As noted above, each operation is required to complete an application. If successful, each application will result in a certificate. Please review the definition of 'operation' below to determine how many applications you will need to complete.

The term "operation" is defined as a single business entity (e.g., sole proprietorship, partnership, limited liability company, or corporation) that meets all the following criteria:

- i. all staff and animals are under the direct supervision\* of the single business entity;
- ii. the single business entity owns all the animals;
- iii. a single business entity may have more than one location that is owned, rented or leased where the animals are kept; however, if the other location(s) are located more than 1-hour driving distance away from the main certified farm business entity, then those additional location(s) would need a separate audit, due to differences in geography, topography, pasture conditions and/or management, and be deemed separate 'operations' to ensure the integrity of the Program.

*\*Direct supervision is defined as being when an employee (paid by the operation) of a certified single business entity is responsible for the animals on the farm that is at a separate location to the main farm. If the person responsible for the management and care of the animals at a separate location to the main certified business entity is a contract farmer and not an employee, then that site is considered a separate operation – even if there is routine oversight from an employee of the main certified entity.*

OPERATION CONTACT INFO:			
<b>Name of Operation</b>			
<b>Contact Person(s)</b>			
<b>Position(s)</b>			
<b>Mailing Address</b> <small>(street/road, city, state/ province, zip/postal, country)</small>			
<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 milk handler (e.g., co-op)</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>

### OPERATION OR DESIGNATED REPRESENTATIVE'S SIGNATURE:

**You represent and acknowledge that all information on this 5-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.

CURRENT AND PAST CERTIFICATES:								
Does the operation hold a <u>current</u> Step certificate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If <u>YES</u>	Issued by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> LISA	<input type="checkbox"/> Lloyd's Register
				Certificate #	Expires on			
				Step rating				

Has the operation ever held a Step certificate <u>in the past</u> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If <u>YES</u>	Issued by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> LISA	<input type="checkbox"/> Lloyd's Register
				Certificate #	Expired on			
				Step rating				

WHAT STEP-RATING ARE YOU AIMING TO ACHIEVE?					
<input type="checkbox"/> Step 1	<input type="checkbox"/> Step 2	<input type="checkbox"/> Step 3	<input type="checkbox"/> Step 4	<input type="checkbox"/> Step 5	<input type="checkbox"/> Step 5+

OPERATION SITES & USE	
List ALL locations owned, rented or leased by the operation that are used in a given year ( <b>*Site 1 is the home farm and/or main site</b> ). If your operation has 5 or more sites, please complete a <b>Supplemental Locations and Animal Numbers</b> form.	

Site	Owned/Rented/Leased?	Physical Address	City	State / Province	Zip / Postal	Size of properties		Distance from Site 1 (miles)
						Total size (acres)	Total Used for grazing (acres)	
1*								
2								
3								
4								

NUMBER OF ANIMALS ON ENTIRE OPERATION					
Please complete the following based on total number of animals of each category <i>that are on-site at the time of application</i> .					

Site	# of Lactating Cows	# of Dry Cows	# of Replacement Heifers <i>weaned calves and pregnant heifers</i>	# of Calves <i>unweaned heifer calves</i>	# of Bulls
1*					
2					
3					
4					

What breed(s) of dairy cattle do you raise? <i>check all that apply</i>				
<input type="checkbox"/> Holstein	<input type="checkbox"/> Jersey	<input type="checkbox"/> Guernsey	<input type="checkbox"/> Ayrshire	<input type="checkbox"/> Brown Swiss
<input type="checkbox"/> Milking Shorthorn	<input type="checkbox"/> cross breed: <i>please describe</i> _____			
<input type="checkbox"/> Other: <i>please list</i>				

MILKING SYSTEM			
What type of milking system do you use? <i>Check all that apply</i>			
<input type="checkbox"/> Milk in tie stall	<input type="checkbox"/> Voluntary milking system (i.e., robot)	<input type="checkbox"/> Parlor	<input type="checkbox"/> Other

For each of the following questions, please answer by checking and/or completing the appropriate box.  
Your answers should reflect your operation's current situation or practice.

A) GENERAL			YES	NO	
1	Has the operation's owner/farm manager read the 5-Step® Animal Welfare Rating Standards for Dairy Cattle?				
2	Are there any laws or regulations (local, state, provincial, federal) that prohibit adherence to any of the 5-Step® standards?				
	If YES	Please provide the Standard number and additional details:			

B) BREEDING			YES	NO	
DOES THE OPERATION:					
3	To the best of your knowledge, use genetically modified or cloned cattle, their progeny or semen?				
4	Use embryo transfer (ET) or ovum pick up (OPU)?				

C) ANIMAL CARE AND MANAGEMENT - GENERAL			YES	NO	
DOES THE OPERATION:					
5	Have a Veterinary Client Patient Relationship (VCPR)?				
6	Have a designated hospital pen for sick, injured and/or non-ambulatory animals?				
7	Provide training to all dairy cattle caregivers and/or managers?				
8	Use electric prods?				

D) ANIMAL CARE AND MANAGEMENT - UNWEANED CALVES			YES	NO	
DOES THE OPERATION:					
9	Provide milk or milk replacer to dairy calves through feeder equipment equipped with teat(s)?				
10	Provide dairy calves with forage by 2 weeks of age?				
11	Test colostrum from cows providing colostrum?				
	If YES	What is the method used?			
12	Keep calves in pairs or groups by 15 days of age?				
	If NO	Do you have a plan in place to be pairing calves to meet this requirement by Jan 1, 2022?			
13	Disbud* calves? *remove free-floating horn buds before they attach to the skull				
	If YES	Age when calves are disbudded: in days	_____ days		
		What is the method used?	<input type="checkbox"/> caustic paste <input type="checkbox"/> scoop dehorner <input type="checkbox"/> hot iron <input type="checkbox"/> tube/spoon dehorner <input type="checkbox"/> scalpel/knife <input type="checkbox"/> clove oil <input type="checkbox"/> other: _____ <input type="checkbox"/> rubber rings <input type="checkbox"/> wire dehorner		
		Who performs it?	<input type="checkbox"/> farm personnel <input type="checkbox"/> other: _____ <input type="checkbox"/> veterinarian		
		Is anesthetic used? e.g., lidocaine			
		Is analgesic used? e.g., xylazine			
14	Transport male calves off the operation prior to 5 days of age?				
15	Transport heifer calves off the operation prior to 5 days of age?				
16	Does the operation utilize a Specialized Heifer Rearing Operation?				
	If YES	How far away is the operation from the home farm?	<input type="checkbox"/> miles <input type="checkbox"/> km		

	What age are heifers when they return to the farm?		
17	What age are heifer calves weaned?	_____	days

E) ANIMAL CARE AND MANAGEMENT - COWS				
DOES THE OPERATION:			YES	NO
18	Tail dock?			
	Trim hooves?			
19	If YES	How many times per year?		
		Who performs it?		
		<input type="checkbox"/> as needed <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times <input type="checkbox"/> other: _____		
		<input type="checkbox"/> farm personnel <input type="checkbox"/> professional hoof trimmer <input type="checkbox"/> other: _____		

F) HOUSING				
DOES THE OPERATION:			YES	NO
20	If YES	Use tie stalls?		
		What type of bedding do you use? <i>Check all that apply</i>		
		<input type="checkbox"/> cows <input type="checkbox"/> heifers <input type="checkbox"/> dry cows		
		<input type="checkbox"/> mattresses (rubber, foam, composite, water beds) <input type="checkbox"/> wood shavings <input type="checkbox"/> sand <input type="checkbox"/> rice hulls <input type="checkbox"/> straw <input type="checkbox"/> other: _____		
21	If YES	Use free stalls?		
		What type of bedding do you use? <i>Check all that apply</i>		
		<input type="checkbox"/> cows <input type="checkbox"/> heifers <input type="checkbox"/> dry cows		
		<input type="checkbox"/> mattresses (rubber, foam, composite, water beds) <input type="checkbox"/> wood shavings <input type="checkbox"/> sand <input type="checkbox"/> rice hulls <input type="checkbox"/> straw <input type="checkbox"/> other: _____		
22		Use bedded packs?		
		<input type="checkbox"/> cows <input type="checkbox"/> heifers <input type="checkbox"/> dry cows		
23		Provide enrichments in pens? <i>e.g., cow brushes</i>		

G) OUTDOOR PENS				
<i>An outdoor pen is an area adjacent to a barn or housing structure. It is not the primary living area for the animal, but an additional area for loafing and/or exercise with little to no vegetative cover.</i>				
DOES THE OPERATION			YES	NO
24	Use outdoor pens?			

	<b>If YES</b>	Which animals have access to an outdoor pen?	<input type="checkbox"/> calves <input type="checkbox"/> heifers <input type="checkbox"/> cows <input type="checkbox"/> dry cows	
		What is/are the dimension of your outdoor pen(s)?		<input type="checkbox"/> ft <sup>2</sup> <input type="checkbox"/> m <sup>2</sup>
25	Provide any of the following in outdoor pens? <i>check all that apply</i>		<input type="checkbox"/> shade <input type="checkbox"/> fans <input type="checkbox"/> sprinklers/misters	<input type="checkbox"/> scratching posts/brushes <input type="checkbox"/> other: _____

**H) DRY LOTS**  
*A dry lot is an outdoor area devoid of vegetative cover and serves as the primary living area for dairy cattle. Exercise and loafing areas are provided within the dry lot area.*

DOES THE OPERATION			YES	NO
26		Use dry lots?		
	<b>If YES</b>	Which animals utilize dry lots?	<input type="checkbox"/> calves <input type="checkbox"/> heifers <input type="checkbox"/> cows <input type="checkbox"/> dry cows	
27	Provide any of the following in outdoor pens? <i>check all that apply</i>		<input type="checkbox"/> shade <input type="checkbox"/> fans <input type="checkbox"/> sprinklers/misters	<input type="checkbox"/> scratching posts/brushes <input type="checkbox"/> other: _____

**I) PASTURE**  
*Pasture includes managed pastures, planted pastures, rangelands, grasslands, wooded areas, and any other land where cattle have access to vegetation with live roots in the ground with at least 75% vegetative cover.*

DOES THE OPERATION			YES	NO										
28	Provide access to pasture?													
	<b>If YES</b>	Months of the year cattle have access to pasture												
	<b>Lactating Cows</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
	<b>Dry Cows</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
	<b>Heifers calves &gt;56 days of age to 3 weeks pre calving</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	
<b>Unweaned 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	
29	Provide shade and/or windbreaks for all cattle on pasture? <i>e.g., trees, bushes, shade cloths, structure, mountains, hills, etc.</i>													

**Please submit this completed application for review.**