Instructions: Form is to be filled out by the producer prior to the supplier evaluation. Return form to the Missouri Department of Agriculture PO Box 630 Jefferson City, MO 65102 or Fax 573-751-2868. Please sign at bottom of the page before returning.

MISSOURI'S AGE AND SOURCE QSA SUPPLIER PROFILE

Producer Name:	**Operation Name:**			
Address (physical and mailing) _____ _____	**Home Phone:** **Cell Phone:** **Fax:**			
E-Mail:	**Organizational Structure** **(ie.. LLC, Individual, corporation)**	**Premises Number:**		
Type of Operation (circle one) **Cow/Calf Stocker Finisher Sale Barn**	**No. of ALL Cattle Purchased from the Outside (not home born) including replacements. Also include number of each.**			
Total carrying capacity of farm/ranch including rented acres:	**No. of Cows on farm/ranch:**	**No. of Calves Sold (annually):**	**No. of Stockers Sold (annually):**	**No. of Finished Cattle Sold (annually)**

What are your calving season(s) and number of calves born in each?

____/____/to____/_____/ **____/____/to____/_____/** **____/____/to____/_____/**

Calves Born: **Calves Born:** **Calves Born:**

What is your typical bull turn in and take out dates for each breeding season?

____/____/to____/_____/ **____/____/to____/_____/** **____/____/to____/_____/**

Do you leave the bull with the cows on a year round basis? Yes or No

Producers method of determining animal age of home born calves on the farm (circle one):

(1) Individual Animal (calf) Birthdates recorded and tied to an individual animal (calf) ID.

(2) Group Birthdate (Records the date the first calf and last calf born in each calving season and maintains identity of each group)

Describe all identification methods of all cattle used on your farm: (include HOW, WHEN, and WHAT) <u>BE SPECIFIC</u>. (i.e. electronic ID, visual tags, ear notches, etc… describe and/or draw in detail in area below) Include identification methods for purchased cattle as well and how you identify each calving group.

Circle the program you wish to participate in: JRS MCA Independent (MDA)

Signature_____Date_____

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