

Missouri Cattlemen's Association Source and Age Verification Program

Source Ranch/Farm/Operation Contact Information
Name:
Address:
City, State, Zip:
Telephone:
Fax:
Premise Number:
Date calves enrolled:
Number of calves enrolled (in this group):

BIRTHDATE INFORMATION – birthdate **MUST** be in a month/day/year format

Group Age Verification (for group of calves you are enrolling) – Calving Season

Start Date: _____ End Date: _____

Individual Age Verification (individual calf birthdates) What is the oldest calf's birthdate if using individual records? _____ **ATTACH INDIVIDUAL BIRTHDATE RECORDS**

I understand this document is part of a USDA QSA program and I have records to support the above information. I agree to keep supporting records on file for 3 years. I understand my operation and records may be audited.

I understand that I am responsible and liable for any damages associated with misrepresentation of source and age claims.

I understand that the MCA-SAV matched eartag sets I am ordering are to be used on this set of animals only and I agree to report and destroy any unused tags to the Missouri Cattlemen's Association.

Producer Signature

Date