



Meyer Natural Angus Canada Program

Meyer Natural Foods
(819)574-5441 - Québec
(705)341-7061 - Ontario & West

MNAC #

Contract #

For Office use only:

Cattle Affidavit

All producers must sign and complete in full their appropriate segment of this affidavit. Completed affidavit must be provided to an MNF Representative.

Before completing and signing, read this section carefully to ensure your cattle uphold MNF Standards.

- Canadian Angus Association Compliant Tagged **OR** black main body with no other color behind the shoulder, above the flanks, or breaking the midline behind shoulders, excluding the tail.
- Never received ionophores, antibiotics, or beta-agonists.
- Never been administered growth implants or hormones.
- Pasture Raised and Grain Finished
- Raised in accordance with Meyer Natural Foods Humanely Handled Standards.
- No Dairy influence.
- No bulls or stags.
- Have been fed an MNF Approved Direct Fed Microbial (DFM) during the finishing phase.
- Less than 30 months of age at slaughter.
- Management records kept for minimum of 3 years.

Producers are subject to on-site evaluations on all Standards included on this affidavit.

COW/CALF PRODUCER: (Please print) Name / Ranch: _____

Address: _____ Date of First Calf Born: _____

City: _____ Prov: _____ Postal Code: _____ Sex (check one): Steer Heifer Mixed

Form of ID (check all that apply): Visual Tag EID Tag Brand Other (describe): _____ Email: _____

If Producer finished cattle at home, Direct Fed Microbial (DFM) used : _____ Not Applicable

Print Name: _____ Phone: _____

Signature: _____ Date signed: _____

BACKGROUNDER: (Please Print) Were calves grown at a location other than home ranch or feedlot? Yes No

If Yes, complete this section:

Name / Company: _____ Email: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Print Name: _____ Phone: _____

Signature: _____ Date signed: _____

FEEDLOT: (Please Print) Were calves finished at home ranch? Yes No If No, complete this section:

Name / Company: _____ Lot # (if applicable): _____

Address: _____ Email: _____

City: _____ Prov: _____ Postal Code: _____ DFM Used: _____

Print Name: _____ Phone: _____

Signature: _____ Date signed: _____