Name: _____ Operation #: _____

Livestock List — NOP §205.236

Please provide a list of all animals requested for certification. Poultry may be identified by flock. You may update a list submitted previously or provide a new list, but please ensure livestock are positively identified and traceable from year to year. The following information may be provided in another format if it contains equivalent information. Use additional pages as needed.

TYPE OF LIVESTOCK	IDENTIFICATION #/ NAME	DATE OF BIRTH	ORGANIC SLAUGHTER ELIGIBLE? *~Managed organically from the last third of gestation* *~No restricted substances that exclude organic slaughter (includes parasiticides)*	NOTES *Include any information pertaining to slaughter eligibility, use of prohibited substances, date of purchase & seller, sold, died, etc.*
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	