



Meyer Natural Angus Program  
 Meyer Natural Foods  
 4850 Hahns Peak Dr., Suite 240 · Loveland, CO 80538  
 Phone: 970-292-5006 · Fax: 970-292-5542

MNA #
Contract #
<i>For Office use only:</i>

**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.**

- 50% Red Angus or Black Angus Genetics.
- Never received ionophores, antibiotics, or beta-agonists.
- Never been administered any growth implants or hormones.
- Vegetarian Fed: No Mammalian, Fish, or Avian By-Products, with the exception of milk or milk derived products.
- Raised in accordance with MNF Humanely Handled Standards.
- No Dairy influence.
- No bulls or stags.
- Have been fed an MNF Approved Direct Fed Microbial (DFM) during the finishing phase.
- Born and Raised in the USA.
- 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: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex (check one):  Steer  Heifer  Mixed

Form of ID (check all that apply):  Visual Tag  EID Tag  Brand Describe other: \_\_\_\_\_

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: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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: \_\_\_\_\_ Approved Direct Fed Microbial (DFM) used :

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (DFM) \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_