

Approved Controlled Feedlot Application

I agree to abide by the requirements of the Nebraska Department of Agriculture outlined in the attached Nebraska Approved Controlled Feedlot agreement I understand this agreement is in effect for one year from the date of NDA approval.

Name of Feedlot

Physical Address of Feedlot

Feedlot Operator Name and Phone Number

Feedlot Manager Name and Phone Number

Feedlot Site Veterinarian Name and Phone Number and Federal Accreditation Number

I attest that I have been notified of this Controlled Feedlot Application, and I am aware of its provisions:

Feedlot Landowner, Print and Sign Name, Date

Feedlot Attending Veterinarian, Print and Sign Name, Date

State of Nebraska Veterinarian Field Officer, Print and Sign Name, Date

State of Nebraska Animal Health Official, Print and Sign Name, Date

Federal Area Veterinarian in Charge, Print and Sign Name, Date