VII. Livestock Welfare, Healthcare and Living Conditions Requirements

To maintain OPT Grass-Fed Certification under this Standard, an OPT GF-Certified Operation shall comply with all applicable livestock healthcare and living conditions requirements of the NOP, and with all other relevant provisions of this section.

A. Welfare Practices - The OPT Grass-Fed Program’s requirement for additional welfare compliance is met with:
   1. valid and current certification to an approved third party animal welfare standard.
      a. Approved third party animal welfare programs include:
         i. Global Animal Partnership (GAP)
         ii. Certified Humane
         iii. American Humane Certified; or,
   2. by participation in the welfare assessments conducted under the Farmers Assuring Responsible Management (F.A.R.M.) Animal Care Program for milk-producing dairy cows. The contours of the existing program are more fully set forth in FARM’s Animal Care Version available. Acceptable proof of “FARM Certification” consists of:
      a. A copy of a current FARM Animal Care Evaluation; and
      b. A current copy of the most recent signed Pledge of Participation Certificate and a statement that the Operation is timely implementing any “FARM Continuous Improvement Plan” developed by the Operation with its second-party evaluator; or,
   3. An internal animal care protocol developed and monitored by an Aggregator which the certified Operation is under contract. The Aggregator animal care protocol must be approved by the OPT Program. The Accredited Certifier or Aggregator may submit such plan to the OPT Program Director for approval.
      a. The Certified Operation shall submit an affirmation to its Accredited Certifier indicating the Aggregator which they are under contract. Affirmation template available in Appendix B of the Standards; or,
   4. An internal animal care protocol developed by the Certified Operation, approved by the OPT program and verified by a qualified veterinarian. Veterinarian must annually sign an affidavit confirming protocol is actively practiced. See Program Manual section VII(A)(3) for further guidance on compliance to this standard.
      a. The animal care protocol must include the following parameters:
         i. Address overall farm management including personnel involved, sufficient nutrition and feed, hydration, disease/injury prevention and management, physical alternations, animal handling, environmental and housing risk
management, socialization, transport and any special equipment used.

ii. Address the globally recognized Five Freedoms of Animal Welfare.

iii. Is verifiable through direct observations and scoring measures such as body condition, broken tails, hock & knee lesions, hygiene, locomotion and annual mortality rate scoring.

iv. Is verifiable through detailed recordkeeping i.e. mortality, culling, treatment records, etc.

v. A Veterinarian must interview the farmer, provide direct observation of animals, farm environment and scoring measures and sign off on the affidavit in Appendix C of the Standards.

5. Exemptions to the Welfare Practices verification compliance:

a. the OPT Grass-Fed Program has granted the following exemption to section VII(A):

i. Certified Operations marketing OPT certified products Direct To Consumer only and receiving less than $350,000\(^{11}\) annual gross sales revenue from sales of total farm products. Eligible operations must sign an affidavit in Appendix D of the Standards that they agree to uphold animal care practices.

\(^{11}\) Small Farm as defined by the USDA Economic Research Service (ERS) is a farm with gross cash farm income (GCFI) including income from commodity cash receipts, farm-related income, and Government payments.

Appendix B

Aggregator Affirmation

See OPT Grass-Fed Organic Livestock Program Standards section VII(A)(2)

Aggregator. An agricultural business or cooperative of growers that consolidates, markets and/or distributes agricultural products.
Your milk cooperative, pooler or handler could be considered an Aggregator

At this time the Aggregator Internal Animal Care Protocols that have been approved by the OPT Program are:

- Organic Valley’s Dairy Animal Care Standard
- Maple Hill Creamery’s Animal Care protocol

Any protocols not listed above can be submitted to admin@organicplustrust.com for review.

Date_____________________

Farm Name___________________________________________________

Main Contact_______________________________________________

Aggregator________________________________________________

Contract start/end date, if known________________________________

I affirm that I am affiliated with the Aggregator listed above and if this changes I will notify my Certifier.

Signature____________________________________________________

PLEASE SUBMIT THIS COMPLETED FORM TO YOUR OPT/ORGANIC CERTIFIER
Appendix C

Veterinarian Affidavit

See OPT Grass-Fed Organic Livestock Program Standards section VII(A)(4)

A Certified Operation’s OPT APPROVED Animal Care Protocol must be verified by a qualified Veterinarian. Veterinarian must annually conduct an onsite evaluation verifying that the Certified Operation is managing to the approved protocol and sign this Affidavit.

Certified Operation Name__________________________________________

Date of Onsite Veterinarian Evaluation________________

Veterinarian Affidavit:

1. I have read the OPT approved Animal Care Protocol developed by the Certified Operation.
2. I visited the Certified Operation and interviewed the owner and/or any other responsible parties to ensure they are managing to the OPT Approved Animal Care Protocol.
4. I conducted an onsite evaluation of the Certified Operation’s barns, pastures, animals and verified sufficient nutrition and feed, hydration, disease/injury prevention and management, adequate physical alternations, animal handling, environmental and housing risk management, socialization are handled as stated in the Animal Care Protocol and are conducted in a manner that promotes animal welfare.
5. I have conducted scoring measures such as body condition, broken tails, hock & knee lesions, hygiene, locomotion and annual mortality rate scoring and found all to be sufficient.
6. I have reviewed applicable records such as mortality, culling, injury and medication treatment records.

Areas of improvement were discussed, and the Certified Operation agrees to implement. ___
Yes (briefly explain below) ___ N/A

____________________________________________________________________________
____________________________________________________________________________

____________________________________________________________
Veterinarian Name_____________________________________________

________________________________________Date_____________

Email_________________ Phone______________________________
Appendix D

Exemption to Animal Welfare Compliance Affidavit

See OPT Grass-Fed Organic Livestock Program Standards section VII(A)(5)

Direct to Consumer. A certified operation marketing all farm products directly to the end user, including but not limited to sales at farmers markets, On farm or roadside store/stands, Pick your own, Community Supported Agricultures (CSA), and online sales.

Standards section VII(A)(4) indicates the following exemption to the Welfare Practices Verification Compliance noted in Section VII(A):

Certified Operations marketing products Direct To Consumer only and receiving less than $350,000* annual gross sales revenue from sales of total farm products. Eligible operations must sign an affidavit in Appendix D of the Standards that they agree to uphold animal care practices.

*Figure comes from the definition of Small Farm by the USDA Economic Research Service (ERS) is a farm with gross cash farm income (GCFI) including income from commodity cash receipts, farm-related income, and Government payments.

Date_____________________

Farm Name___________________________________________________

Main Contact_______________________________________________

I affirm that I am a Direct To Consumer and Small Farm operation. Myself and all other responsible parties ensure animal care practices as recommended by the FARM program are met. If my status changes I will notify my Certifier.

Signature______________________________________________________

PLEASE SUBMIT THIS COMPLETED FORM TO YOUR OPT/ORGANIC CERTIFIER