



# Grass Fed - Feed Ration Verification

NOFA-NY Certified Organic, LLC  
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Name \_\_\_\_\_ Year \_\_\_\_\_

**► CLASSES OF ANIMALS INCLUDED IN THIS GROUP (Check all that apply, use additional forms for each grouping as needed):**

- Beef:**  Animals over 1yr of Age – number of animals \_\_\_\_\_, weight of animals \_\_\_\_\_  
 Youngstock less than 1yr of age – number of animals \_\_\_\_\_, weight of animals \_\_\_\_\_
- Dairy:**  Lactating Cows - number of animals \_\_\_\_\_, Avg lbs milk/cow \_\_\_\_\_, weight of animals \_\_\_\_\_  
 Dry Cows – number of animals \_\_\_\_\_, weight of animals \_\_\_\_\_  
 Breeding Age Heifers – number of animals \_\_\_\_\_, weight of animals \_\_\_\_\_  
 Youngstock – number of animals \_\_\_\_\_, weight of animals \_\_\_\_\_
- Other:**  Please specify: \_\_\_\_\_ - number of animals \_\_\_\_\_, weight \_\_\_\_\_  
 \_\_\_\_\_ - number of animals \_\_\_\_\_, weight \_\_\_\_\_

**► DESCRIPTION OF SUPPLEMENTAL FORAGES:**

- Small Square Bales – weight of bales \_\_\_\_\_  Large Square Bales – weight of bales \_\_\_\_\_  
 Dry Round Bales – weight of bales \_\_\_\_\_  Baleage – weight of bales \_\_\_\_\_  
 Haylage/Silage  Other \_\_\_\_\_

Dry Matter % If Known \_\_\_\_\_

<b>January</b> Hours Outside _____ <input type="checkbox"/> 100% Pasture <input type="checkbox"/> Supplemental Forage (amount per day/week/month): _____ _____ _____ _____	<b>February</b> Hours Outside _____ <input type="checkbox"/> 100% Pasture <input type="checkbox"/> Supplemental Forage <input type="checkbox"/> Same (amount per day/week/month): _____ _____ _____ _____	<b>March</b> Hours Outside _____ <input type="checkbox"/> 100% Pasture <input type="checkbox"/> Supplemental Forage <input type="checkbox"/> Same (amount per day/week/month): _____ _____ _____ _____
<b>April</b> Hours Outside _____ <input type="checkbox"/> 100% Pasture <input type="checkbox"/> Supplemental Forage <input type="checkbox"/> Same (amount per day/week/month): _____ _____ _____ _____	<b>May</b> Hours Outside _____ <input type="checkbox"/> 100% Pasture <input type="checkbox"/> Supplemental Forage <input type="checkbox"/> Same (amount per day/week/month): _____ _____ _____ _____	<b>June</b> Hours Outside _____ <input type="checkbox"/> 100% Pasture <input type="checkbox"/> Supplemental Forage <input type="checkbox"/> Same (amount per day/week/month): _____ _____ _____ _____

