



## 2026 ANNUAL FORMS TO COMPLETE



Dear UNC Producer,

As part of the new Premium Program, all paperwork in this packet is **REQUIRED** to be completed on an annual basis and current at time of evaluation.

The following items **MUST** be submitted in 2026:

- ☐ Environmental Stewardship Assessment due by April 1<sup>st</sup>, 2026
- ☐ Workforce Survey (completed in person with field staff or via QR code)



Thank you and any questions please contact either Madison Hopcia, Jeff Ewell, Erin Randall or Riley Bartels

### Annual Training Requirements

- ☐ Animal Care Commitment/See It Stop It **Date Completed:** \_\_\_\_\_
- ☐ Animal Handling **Date Completed:** \_\_\_\_\_
- ☐ Calf Care **Date Completed:** \_\_\_\_\_
  - ☐ Maternity pen/Calvings ☐ Dehorning
  - ☐ Tube feeding ☐ Daily Practices- feeding, cleaning
- ☐ Milking Procedure **Date Completed:** \_\_\_\_\_
  - ☐ Equipment Management- cleaning and making sure clean
  - ☐ Quality of Milk- SCC and Bacteria ☐ Cattle Handling
- ☐ Down Cow Care and Movement **Date Completed:** \_\_\_\_\_
- ☐ Cattle Fit for Transport **Date Completed:** \_\_\_\_\_
- ☐ Euthanasia **Date Completed:** \_\_\_\_\_
- ☐ Treatments **Date Completed:** \_\_\_\_\_
  - ☐ Proper Injection ☐ Hospital Pen Management and Care
  - ☐ Treatments Administered
- ☐ Hoof Health **Date Completed:** \_\_\_\_\_
  - ☐ Lamé Cow Identification ☐ Footbaths
  - ☐ Proper trimming and foot care (if on farm employee trims)
- ☐ Safety **Date Completed:** \_\_\_\_\_
  - ☐ Skid Steer ☐ Fire Extinguisher
  - ☐ Chemical ☐ Confined Spaces
  - ☐ Noise ☐ Silage Management
  - ☐ Preventing slips, trips and falls
  - ☐ Machinery with moving parts/machine guarding
  - ☐ Emergency Plan/Procedures (what to do in event of emergency?)

### Please Complete the Following with Your Veterinarian Annually

- ☐ Veterinary Client Patient Relationship (VCPR) **Date Completed:** \_\_\_\_\_
- ☐ Reviewed Herd Health Plan (HHP) **Date Completed:** \_\_\_\_\_





## EMPLOYEE AGREEMENT

## ACUERDO DEL EMPLEADO

I confirm my commitment to the highest standards of animal care and protection through the **See It? Stop It!** Initiative.

In accordance with the **See It? Stop It!** Values, I agree that:

1. Animal abuse, neglect, harm, and mishandling are unacceptable and will not be tolerated.
2. Proper animal care is the responsibility of every individual who is around animals, including me.
3. I have an obligation to immediately report any signs of deliberate animal abuse, neglect, harm or mishandling to a supervisor or other individual responsible for the enforcement of proper animal care.

I pledge my support of responsibility for and commitment to the values of the **See It? Stop It!** Initiative.

Yo confirmo mi compromiso del cuidado y protección animal a través de los estándares más altos de la iniciativa **¿Lo Ve? ¡Deténgalo!**

Conforme a los valores de la iniciativa **¿Lo Ve? ¡Deténgalo!**, estoy de acuerdo en que:

1. El maltrato, la negligencia, el daño o un mal manejo de los animales son inaceptables y no serán tolerados.
2. El cuidado apropiado de los animales es la responsabilidad de cada uno de los individuos que se encuentran con los animales inclusive, yo mismo.
3. Tengo la obligación de reportar inmediatamente cualquier señal de maltrato, negligencia, daño o mal manejo de los animales a mi supervisor o persona responsable de hacer cumplir el cuidado apropiado de los animales.

Prometo apoyar, ser responsable y comprometerme con los valores de la iniciativa **¿Lo Ve? ¡Deténgalo!**

Name/Nombre	Signature/Firma	Date/Fecha
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### FOR FAMILY EMPLOYEES ONLY:

I confirm that I have explained the above statement to the individuals listed on this form and they understand their responsibility and expectations when handling animals. Initials: \_\_\_\_\_ Date: \_\_\_\_\_



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## Dairy Cattle Care Training Documentation

I confirm that I have received training on the following animal care topics.  
Confirmo que he recibido capacitación sobre los siguientes temas de cuidado animal.



Name Nombre	Method of Training Protocol (P) Video (V) Meeting (M)	Animal Handling Manejo de animales	Calf Care Cuidado de terneros	Milking Procedure Procedimiento de ordeno	Down Cow Care and Movement Vacas no ambulatorias	Fit to Transport Vacas apro para el transporte	Euthanasia	Treatments Tratamiento	Hoof Health Salud de las patas	Safety Seguridad	Signature Firma	Date Fecha	Trainer Initials Iniciales del entrenador
1													
2													
3													
4													
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FOR FAMILY EMPLOYEES ONLY:

I confirm that I have facilitated and/or ensure that the individuals below have been properly trained in the below-described areas. Initials: \_\_\_\_\_ Date: \_\_\_\_\_



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FOR FAMILY EMPLOYEES ONLY:

I confirm that I have facilitated and/or ensure that the individuals below have been properly trained in the below-described areas. Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## Training Log

☐ Animal Handling   ☐ Calf Care   ☐ Non-Ambulatory Cattle   ☐ Milking Procedure

☐ Cattle Fit for Transport   ☐ Euthanasia   ☐ Safety   ☐ Treatments/Hospital Pen

☐ Hoof Health   ☐ Other: \_\_\_\_\_

Method of Training: ☐ Protocol   ☐ Shadow   ☐ Video   ☐ Other: \_\_\_\_\_

Manager Responsible for Training: \_\_\_\_\_

Notes: \_\_\_\_\_

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<b><u>Print Name</u></b>	<b><u>Signature</u></b>	<b><u>Date</u></b>
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☐ Cattle Fit for Transport   ☐ Euthanasia   ☐ Safety   ☐ Treatments/Hospital Pen

☐ Hoof Health   ☐ Other: \_\_\_\_\_

Method of Training: ☐ Protocol   ☐ Shadow   ☐ Video   ☐ Other: \_\_\_\_\_

Manager Responsible for Training: \_\_\_\_\_

Notes: \_\_\_\_\_

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<b><u>Print Name</u></b>	<b><u>Signature</u></b>	<b><u>Date</u></b>
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# Veterinarian Annual Review Sign-Off Form



## Farm Information

Farm Name: \_\_\_\_\_  
Owners Name/Representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## Veterinarian Information

Primary Veterinarian: \_\_\_\_\_  
Name of Veterinary Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## Herd Health Plan Reviewed and Reviewed for Effectiveness:

**Veterinarian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<input type="checkbox"/> Emergency Action or Crisis Plan	<input type="checkbox"/> Treatments Of Common Diseases:	<input type="checkbox"/> Milking Procedure
<input type="checkbox"/> Biosecurity	<input type="checkbox"/> Mastitis	<input type="checkbox"/> Udder Hair Removal
<input type="checkbox"/> Pre-Weaned Calf Management	<input type="checkbox"/> Dry Off	<input type="checkbox"/> Environmental Management
<input type="checkbox"/> Difficult Calving's (Dystocia)	<input type="checkbox"/> Milk Fever	<input type="checkbox"/> Hoof Health
<input type="checkbox"/> Disbudding	<input type="checkbox"/> Ketosis	<input type="checkbox"/> Parasite, Fly and Pest Control
<input type="checkbox"/> Extra Teat Removal	<input type="checkbox"/> Displaced Abomasum	<input type="checkbox"/> Down Cow Protocol/Care
<input type="checkbox"/> Castration	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Fit for Transport and Culling Cattle
	<input type="checkbox"/> Infectious Diarrhea	<input type="checkbox"/> Euthanasia
	<input type="checkbox"/> Scours	
	<input type="checkbox"/> Bloat	
	<input type="checkbox"/> Pinkeye	
	<input type="checkbox"/> Vaccinations	

## Veterinarian- Client- Patient- Relationship

I hereby certify that a valid Veterinary Client Patient Relationship (VCPR) is established for the above listed owner and will remain in force for one year from the signature date or until canceled by either party.

"Upon execution of this Agreement and the establishment of the VCPR, Producer, on behalf of himself and his present or past legal representatives, predecessors, successors, assigns, agents and heirs, hereby releases and forever discharges Veterinarian from any and all claims, actions, disputes, damages or demands, at law or in equity, that Producer could or may bring in regard to Producer's participation in, or disqualification from the FARM Program. Producer expressly waives any right or claim of right to assert hereafter that any claim in such regard has through ignorance, oversight or error, been omitted from the terms of this Agreement."

"In addition, upon execution of this Agreement and the establishment of the VCPR, FARM, on behalf of itself and its present or past legal representatives, predecessors, successors, assigns, agents or affiliates, hereby releases and forever discharges Veterinarian from any and all claims, actions, disputes, damages or demands, at law or in equity, that FARM could or may bring in regard to Veterinarian's participation in the VCPR; or Producer's participation in, or disqualification from the FARM program."

FARM expressly waives any right or claim of right to assert hereafter that any claim in such regard has through ignorance, oversight or error, been omitted from the terms of this Agreement.

**Veterinarian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Facility Representative

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_