

Cattle Sale Application Form Cayman Islands Department of Agriculture

This application form is to be completed by **Registered Farmers** and submitted to the Department of Agriculture.

Applicants should only complete Part A: Personal Information and Part B. Description of livestock operation/Cattle Breeding Programme Needed. Part C is For official use only.

| Part A: Personal Information | | | | | |
|---|---|---|--|--|--|
| Farme | ers Identification & Registration ID#: | | | | |
| | of Farmer: | | | | |
| | | | | | |
| Email: | | | | | |
| | | | | | |
| Home Address of Farmer: | | | | | |
| | | | | | |
| | | | | | |
| Location of Farm: (please state if different from home address) | | | | | |
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| Part B: Description of Livestock Operation/Cattle Breeding Programme: (Please complete the applicable section) | | | | | |
| (An assessment of the application will be done by a committee comprising representatives from the Ministry of | | | | | |
| Agriculture, the Department of Agriculture (DoA) and the Cayman Islands Agriculture Society (CIAS). Please answer the following questions: | | | | | |
| | | | | | |
| I. | Do you currently operate a cattle breeding Programme (w/ males, females and calves)? YES NO | | | | |
| 2. | What is the size of your current breeding operation? - (0-10), (11-20), (20 and above) | | | | |
| 3. | What type of feeding system do you currently operate? − Feed lot Pasture Mixed | | | | |
| 4. | What is the normal duration for keeping your mature breeding animals $-(1-5 \text{ years}) \blacksquare$, (5 years above) \blacksquare | | | | |
| 5. | 5. If you are a successful recipient of a purebred Bull or Heifer, choose below the preferred option (s) for | | | | |
| J. | mating/breeding on your farm? | , | | | |
| | Purebred Red Poll Purebred Senepol other purebred breeds | crossbreds | | | |
| 6. | How long do you plan to keep the animal purchased under this progr | ramme.(briefly outline your plans) | | | |

| 7. Are you willing to provide updates o | on the animal and its offspring to DoA as requested? YES NO |
|---|---|
| | |
| | cation you agree to the terms and conditions of the policy on. You are also attesting that the information provided |
| Print Name: | Signature: |
| Date | |
| | orting documents to the Department of Agriculture, 181 Lottery pail to agriculture@gov.ky If you require further assistance, please at 1-345-947-3090 |
| Part C: (this section is only to | be completed by the Senior Veterinary Officer or |
| Animal Welfare Officer) | |
| FOR OFFICIAL USE ONLY: (this sec | ction is to be completed only by the Department of Agriculture) |
| Approved for purchase | Not Supported |
| Comments: | |
| | |
| | |
| Price for the Animal CI\$ | |
| Signature: (committee representative | ve) Date: |
| THIS SECTION MUST ONLY BE U | SED BY THE DEPARTMENT OF AGRICULTURE |
| Part D. (this section is only to | be completed by the Reviewing Committee) |
| , | be completed by the neviewing committee) |
| FOR OFFICIAL USE ONLY: | |
| Approved for purchase | Not Supported |
| Comments: | |
| | |
| | |

| Signature: (committee representative) | | Date: | | | |
|--|----------------------|----------|--|--|--|
| THIS SECTION MUST ONLY BE USED E | BY THE REVIEWING COM | IMITTEE. | | | |
| | | | | | |
| Part E: (this section is only to be completed by the Director of Agriculture | | | | | |
| FOR OFFICIAL USE ONLY: (this section is to be completed only by the Department of Agriculture) | | | | | |
| Approved for purchase N | Not Supported | | | | |
| Comments: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Auction Results - ID# | | | | | |
| Price for the Animal CI\$ | | | | | |
| | | | | | |
| Signature: (committee representative) _ | | Date: | | | |
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