TURKEYS RAISED September 1, 2009



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The purpose of this survey is to obtain basic information on the turkey industry. Your answers to the questions below will be used to determine the number of turkeys raised.

Your response to this survey is voluntary and not required by law, but your cooperation is important to insure reliable turkey estimates. Individual reports are kept confidential.

Please return your completed questionnaire in the postage paid envelope provided or by fax to the number

Ple	ase make corrections to name, address and ZIP Code, if necessary.					
If you had any turkeys, please answer the questions below and on the back when the answer is "none." Report young turkeys for meat production ship hens and toms reaching the age of 5 months during September 1, 2008 to		slaughter plus breeder				
1.	Did you (or this <i>firm</i>) own turkeys that were placed during September 1, 2008 to August 31, 2009?					
	₁ YES - Continue. ₃ NO - Go to item 1c.					
	a. Were any of the turkeys you owned raised by contractees during September 1, 2008 to Augu	st 31, 2009?				
	₁ YES – Continue. ₃ NO - Go to item 2.					
	b. How many contractees cared for turkeys owned by you during September 1, 2008 to August 3	31, 2009?				
	Enter number of contractees () and then go to <i>item 2</i> .					
	c During September 1, 2008 to August 31, 2009, did you raise any turkeys owned by another	person or firm?				
	$_1$ YES – Go to <i>item 4</i> . $_3$ NO - Continue.					
	d. Do you plan to raise any turkeys in the future?					
	$_{1}$ YES – Go to <i>item 5</i> . $_{3}$ NO - Go to <i>item 5</i> .					
PF	ODUCTION					
2.	POULTS PLACED:					
	How many poults were placed in flocks owned by you between September 1, 2008 and	Number Placed				
	August 31, 2009? (include poults owned by you that were raised by contractees.)					
	_	Number				
	a. Of the total turkeys placed in item 2, how many were placed in Arkansas?					
	b. Placed in other states? (List States):					
	*** NOTE: item 2a plus item 2b should equal item 2. ***					
3.	DEATH LOSS:	Percent Lost				
	What is your estimate for the percent death loss to all turkeys placed on your operation throughout the entire year (include all					

4. **CONTRACTOR:**

						Number			
	olaced on your operation be vere owned by another pers								
Please list the name and address of the company or individual that owned the turkeys placed on your operation to prevent duplication.									
			РО	ID					
Name		943			_				
		State	Zip	·					
Phone									
 CONCLUSION 5. Would you like to receive a free copy of the results of this survey in the mail? (The survey results will also be available on the Internet at http://www.nass.usda.gov after 3:00 pm on September 25, 2009) 									
Yes = 1	099								
THANK YOU FOR YOUR COOPERATION One of the state of the s									
Respondent Name:		one: ()_			Date:				
Response	Respondent	r Office Use Only Mod	10	R Unit	Enun	n. Eval.			
1-Comp 2-R 3-Inac 4-Office Hold 5-R - Est 6-Inac - Est 7-Off Hold - Est 8-Known Zero	1-Op/Mgr 9902 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth	1-Mail 2-Tel 3-Face-to-Face 4-CATI 5-Web 6-e-mail 7-Fax 8-CAPI 19-Other	9903	0921	098	100			

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB number. The valid OMB number is 0535-0004. The time required to complete this information collection is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.