



SLAUGHTER REPORT

January 2011



Iowa Field Office
 210 Walnut St., Room 833
 Des Moines, IA 50309
 1-800-772-0825
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Please report all livestock slaughter at your plant, including any custom slaughter for farmers. Do not include any slaughtering done elsewhere for you by others. The information you supply along with that furnished by other plants in this state will provide useful data on monthly slaughter as well as changes in the meat industry. This information will be published in the February 25 Livestock Slaughter Report.

Please make corrections to name, address and ZIP Code, if necessary.

Under Title 7 of the U. S. Code and CIPSEA (Public Law 107-347), facts about your operation are kept **confidential** and used only for statistical purposes. Response to this survey is **voluntary**. However your cooperation in answering these questions will be appreciated.

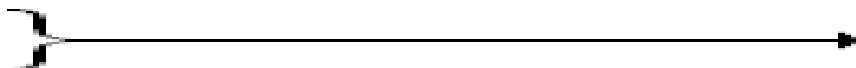
Please return this form promptly even if you did not slaughter any livestock. The enclosed envelope does not require a stamp.

| SLAUGHTER IN YOUR PLANT January 2011 | | | |
|---|----------------|----------------------------|----------------------------------|
| (Include slaughter for others. Exclude livestock slaughtered for you in some other plant. Write "none" for each species of livestock not slaughtered.) | | | |
| Kind of Livestock | Number of Head | Total Live Weight (Pounds) | OR Total Dressed Weight (Pounds) |
| Cattle | 201 | 205 | 225 |
| Calves | 202 | 206 | 226 |
| Sheep & Lambs | 204 | 208 | 228 |
| Hogs | 203 | 207 | 227 |
| Buffalo or Bison | 209 | 210 | 211 |
| Goats | 212 | 213 | 214 |

Reported by: _____ Phone: (____) _____ - _____

- Survey Results:** To receive the complete results of this survey on the release date, go to www.nass.usda.gov/results/
 Would you rather have a brief summary mailed to you at a later date?

- Yes** - [Enter code 1.]
 No - [Enter code 3.]



| |
|-------------|
| Code |
| 099 |

| OFFICE USE | | | | | | | | | |
|------------|------------|------|-------|-------|---------------------|------------|----|-----|-----|
| Response | Respondent | Mode | Enum. | Eval. | Office Use for POID | 9910 Date: | MM | DD | YY |
| 9901 | 9902 | 9903 | 098 | 100 | 789 | 895 | | 896 | 921 |
| S/E Name | | | | | | | | | |

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 control number. The valid OMB control number is 0535-0005. The time required to complete this information collection is estimated to average 15 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.