



Contractor Expense Survey 2011 Turkeys



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

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We are collecting information on costs and returns and need your help to make the information as accurate as possible. Authority for collection of information on the Costs and Returns Report is Title 7, Section 2204 of the U.S. Code. 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 is **voluntary**.

1. During 2011, were you a production contractor where you paid a fee to someone else to raise turkeys that **you owned**? A production contract is a verbal or written agreement setting terms, conditions, and fees to be paid by the contractor to the operation for the production of crops, livestock, or poultry.

Yes - Continue

No - Record name and telephone number on back page

2. For 2011, please report the average cost of inputs provided to contract growers per head (dozen for hatching eggs).

Inputs	Breeder		Brooder		Grow Out		All In / All Out		Hatching Eggs ^{1/}	
a. Total Head Under Contract. . .	hd		hd		hd		hd		dz	
b. Total Number of Contractees.	#		#		#		#		#	
c. Total Cost per Head	\$. ____	\$. ____	\$. ____	\$. ____	\$. ____
Of the total cost per head, how much was for--										
(i) fee paid to contractee? . . .	\$. ____	\$. ____	\$. ____	\$. ____	\$. ____
(ii) marketing charges?	\$. ____	\$. ____	\$. ____	\$. ____	\$. ____
(iii) disinfectants & insecticides .	\$. ____	\$. ____	\$. ____	\$. ____	\$. ____
(iv) poultz placed on the operation?	\$. ____	\$. ____	\$. ____	\$. ____	\$. ____
(v) feed?	\$. ____	\$. ____	\$. ____	\$. ____	\$. ____
(vi) litter?	\$. ____	\$. ____	\$. ____	\$. ____	\$. ____
(vii) medication, vaccination, debeaking, veterinary & custom services?	\$. ____	\$. ____	\$. ____	\$. ____	\$. ____

^{1/} Please report "Total Dozen Under Contract" and "Costs per Dozen" for "Hatching Egg" operations.

Please continue on back

Inputs	Breeder	Brooder	Grow Out	All In / All Out	Hatching Eggs ^{1/}
(viii) fuel?					
(1) Diesel Fuel.	\$	\$	\$	\$	\$
(2) Gasoline.	\$	\$	\$	\$	\$
(3) Natural Gas	\$	\$	\$	\$	\$
(4) LP Gas.	\$	\$	\$	\$	\$
(5) Other (Specify: _____)	\$	\$	\$	\$	\$
(ix) utilities?					
(1) Electricity.	\$	\$	\$	\$	\$
(2) Water / Other.	\$	\$	\$	\$	\$
(x) supplies?	\$	\$	\$	\$	\$
(xi) taxes?	\$	\$	\$	\$	\$
(xii)hauling?	\$	\$	\$	\$	\$
(xiii) other expenses? (Include admin. cost, depreciation, technical services & other.) (Specify: _____)	\$	\$	\$	\$	\$

Reported by: _____

Telephone (_____) _____

Response		Respondent		Mode		Enum	Eval	Duplication Adjustor	Date MM DD YY	Optional
1-Comp	9901	1-Op/Mgr	9902	2-Tel	9903	0098	0100	0922	9910	0003
2-R		2-Sp		3-Face-to -Face					__ __ 11	
3-Inac		3-Acct/Bkpr							Office Use for POID	
		4-Partner							0919	
		9-Other							_____ - _____ - _____	
S/E Name										

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