

# CATTLE REPORT - July 1, 2017

OMB No. 0535-0213  
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United States  
Department of  
Agriculture



NATIONAL  
AGRICULTURAL  
STATISTICS  
SERVICE

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| State | POID | Tract | Subtr. |
|-------|------|-------|--------|
| ---   | ---  | ---   | ---    |

1. [Verify name and mailing address of this operation. Make any corrections necessary (including the correct operation name) on the label and continue.]  [Check if name label verified]
2. Have or will there be any cattle or calves, regardless of ownership, on this operation at any time during **2017**? (Cattle and calves on grazing land leased on a **fee per head** or **animal unit month (AUM)** basis should be included by the cattle owner, excluded by the land owner.)  
 Yes – [Go to **Item 3.**] 493  
 No – a. Were you (the individual named on the label) operating a farm or ranch on July 1, 2017?  
 Yes – [Go to **Section 3.**] 493  
 No – [Go to **Section 2.**]
3. Are the day-to-day decisions for this **operation** made by one individual, a hired manager, or partners? [Check one]  
 One individual – [Go to **Section 1.**]  
 A hired manager – [Go to **Section 1.**]  
 Partners – How many partners make the day-to-day decisions?  
Number of  
Partners  
[Enter number of partners, including the partner named on the label. Identify the other person(s) in this partnership in the boxes on page 2, then continue with **Section 1.**]. . . . .

Office Use

|      |      |      |
|------|------|------|
| 9921 | 9930 | 9941 |
|------|------|------|

Please identify the other person(s) in this partnership, then *continue*.  
 [Verify partners' names and make necessary corrections if names have already been entered.]

|  |                      |        |               |
|--|----------------------|--------|---------------|
| <input type="checkbox"/> [Check if verified]   |                      |        |               |
| Name: _____  | Phone: (_____) _____ |        |               |
| (First)  | (Middle)             | (Last) |               |
| Address: _____   |                      | (City) | (State) (Zip) |
| (Rt. or St.)   |                      |        |               |
| Did this partner operate land individually on June 1, 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |        |               |

## Office Use

## Stratum

9922

## Ind. Op.

9924

|  |                      |        |               |
|--|----------------------|--------|---------------|
| <input type="checkbox"/> [Check if verified]   |                      |        |               |
| Name: _____  | Phone: (_____) _____ |        |               |
| (First)  | (Middle)             | (Last) |               |
| Address: _____   |                      | (City) | (State) (Zip) |
| (Rt. or St.)   |                      |        |               |
| Did this partner operate land individually on June 1, 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |        |               |

## Office Use

## Stratum

9923

## Ind. Op.

9924

|  |                      |        |               |
|--|----------------------|--------|---------------|
| <input type="checkbox"/> [Check if verified]   |                      |        |               |
| Name: _____  | Phone: (_____) _____ |        |               |
| (First)  | (Middle)             | (Last) |               |
| Address: _____   |                      | (City) | (State) (Zip) |
| (Rt. or St.)   |                      |        |               |
| Did this partner operate land individually on June 1, 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |        |               |

## Office Use

## Stratum

9927

## Ind. Op.

9924

|  |                      |        |               |
|--|----------------------|--------|---------------|
| <input type="checkbox"/> [Check if verified]   |                      |        |               |
| Name: _____  | Phone: (_____) _____ |        |               |
| (First)  | (Middle)             | (Last) |               |
| Address: _____   |                      | (City) | (State) (Zip) |
| (Rt. or St.)   |                      |        |               |
| Did this partner operate land individually on June 1, 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |        |               |

## Office Use

## Stratum

9928

## Ind. Op.

9924

**Skip to next page**

**Or**

**Space for Notes and Comments**

## Section 1 – Cattle and Calves

1. On July 1, 2017 were any cattle and calves, regardless of ownership, on the total acres operated? (Cattle and calves on grazing land leased on a **fee per head** or **animal unit month (AUM)** basis should be included by the cattle owner, excluded by the land owner.)

**Yes** – [Go to Item 2]

**No** – [Go to Item 6 b]

2. Of the total number of cattle and calves on hand July 1, how many were:

a. beef cows, including beef heifers that had calved? .....

351

b. milk cows, including any dry cows or milk heifers that had calved?  
(Exclude any heifers not yet freshened.) [If no milk cows, go to Item 2c.] .....

352

(i) How many cows were milked on July 1? .....

349

(ii) How much milk was produced that day?  
(Only one day's production.) .....

502

Gals

501

Lbs

c. bulls weighing 500 pounds or more? .....

353

d. heifers that had not calved, weighing 500 pounds or more:

(i) for beef cow replacement? .....

354

(ii) for milk cow replacement? .....

355

(iii) other heifers 500 pounds or more? .....

356

e. steers weighing 500 pounds or more? .....

357

f. heifer, steer, and bull calves weighing less than 500 pounds, including newborn calves? ....

358

3. **[Add Items 2a through 2f and verify the total.]**

Then the total cattle and calves on hand July 1 was: .....

350

## Cattle and Calves On Feed

We need to know about the cattle and calves on feed for the slaughter market. Their ration would include grain, silage, hay, or protein supplement.

**Include** cattle being fed by you for others.

**Exclude** any of your cattle being custom fed in feedlots operated by others.

**Exclude** cattle being “backgrounded only” for sale as feeders, for later placement on feed in another feedlot, or to be returned to pasture.

**Exclude** “cows and bulls” on feed.

4. How many **cattle and calves** were **on feed** July 1 that will be shipped **directly** from your feedlot to slaughter market? .....

652

**Calf Crop for 2017** (Calves born on grazing land leased on a **fee per head** or **animal unit month (AUM)** basis should be included by the cattle owner, excluded by the land owner.)

5. Of the **cows and heifers** on the total acres operated on July 1, how many are **expected to calve** during the period July 1 through December 31, 2017? .....

361

6. Of the **calves born** on the total acres operated during the period January 1 through June 30, 2017, how many: **(Exclude** calves purchased.)

a. were **on hand** July 1, 2017? .....

363

b. (Of the calves born on the total acres operated during the period January 1 through June 30, 2017, how many) were **sold, moved off** the total acres operated, or **slaughtered** by July 1? .....

364

c. had **died** by July 1? (**Exclude** calves born dead). .....

365

7. **[Add items 6a through 6c and verify the total.]**

Then the total calves born January 1 through June 30, 2017 was: .....

362

**Deaths and Losses** (Cattle and calves that died or were lost on grazing land leased on a **fee per head** or **animal unit month (AUM)** basis should be included by the cattle owner, excluded by the land owner.)

8. How many **cattle** weighing 500 pounds or more **died or were lost from all causes** during the period January 1 through June 30, 2017? .....

367

9. How many **calves** weighing less than 500 pounds **died or were lost from all causes** during the period January 1 through June 30, 2017? (**Exclude** calves born dead). .....

368

**Go to Section 3 on Page 8.**

|   |     |
|---|-----|
| 1 – Incomplete, has Cattle              | 498 |
| 2 – Incomplete, Cattle presence unknown |     |
| 3 – Valid Zero                          |     |

**Skip to next page**

**Or**

**Space for Notes and Comments**

## Section 2 – Change in Operator

[Complete this section only if all answers to item 2 on the front page are “No.”]

1. Has the operation named on the label been sold, rented, or turned over to someone else?

Yes – [Go to Item 2.]

No – [Continue.]

a. Will the land be used for any agricultural purpose by you (the operator), or anyone else in the next year?  
(Including growing crops or raising livestock.)

Yes

Don't Know

No

Regardless of answer to above, write a note to explain the situation, then go to **Section 3**.

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

2. Was the operator (name on label) operating a farm or ranch on June 1, 2017?

Yes – [Continue.]

No – [Continue.]

3. Please provide the following information for the operation that has taken over the land:

a. What is the name and address of the new operation?

|                 |          |        |      |
|-----------------|----------|--------|------|
| Operation Name: |          |        |      |
| Operator Name:  |          |        |      |
| Address:        |          |        |      |
| City:           |          | State: | Zip: |
| Phone:          | (      ) |        |      |

b. Was the [Item 3a] new operation in business before June 1, 2017?

Yes – [Go to Section 3.]

No – [Continue.]

c. Is the [Item 3a] new operation managed?

Yes – [Go to Section 3.]

No – [Continue.]

d. Were any individuals associated with the [Item 3a] operation operating land individually before June 1, 2017?

Yes – [Go to Section 3.]

No – [Go to Section 3.]

### Section 3 – Conclusion

1. Do you (the operator named on the label) make any day-to-day decisions for another farm or ranch?

**Yes** – [Continue.]       **No** – [Go to Item 2.]

a. What is the name of the other operation(s)? . . . . .

b. Was this additional operation in business before June 1, 2017?

**Yes** – [Continue.]       **No** – [Continue.]

Operation Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

#### Comments:

2. **Survey Results:** To receive the complete results of this survey on the release date, go to

[http://www.nass.usda.gov/Surveys/Guide\\_to\\_NASS\\_Surveys/](http://www.nass.usda.gov/Surveys/Guide_to_NASS_Surveys/)

Would you rather have a brief summary mailed to you at a later date?

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

9990

|                        |                             |  |
|------------------------|-----------------------------|--|
| Respondent Name: _____ | 9911<br>Phone: (____) _____ | 9910      MM      DD      YY<br>Date: ____-____-____ |
|------------------------|-----------------------------|--|

**This completes the survey. Thank you for your help.**

| Response         |      | Respondent  |      | Mode           |      | Enum. | Eval. | Change | Office Use for POID |      |  |      |  |  |  |  |
|------------------|------|-------------|------|----------------|------|-------|-------|--------|---------------------|------|--|------|--|--|--|--|
| 1-Comp           | 9901 | 1-Op/Mgr    | 9902 | 1-Mail         | 9903 | 9998  | 9900  | 9985   | 9989                |      |  |      |  |  |  |  |
| 2-R              |      | 2-Sp        |      | 2-Tel          |      |       |       |        | -----               |      |  |      |  |  |  |  |
| 3-Inac           |      | 3-Acct/Bkpr |      | 3-Face-to-Face |      |       |       |        | -----               |      |  |      |  |  |  |  |
| 4-Office Hold    |      | 4-Partner   |      | 4-CATI         |      |       |       |        | -----               |      |  |      |  |  |  |  |
| 5-R – Est        |      | 9-Oth       |      | 5-Web          |      |       |       |        | -----               |      |  |      |  |  |  |  |
| 6-Inac – Est     |      |             |      | 6-e-mail       |      |       |       |        | -----               |      |  |      |  |  |  |  |
| 7-Off Hold – Est |      |             |      | 7-Fax          |      |       |       |        | -----               |      |  |      |  |  |  |  |
|                  |      |             |      | 8-CAPI         |      |       |       |        | -----               |      |  |      |  |  |  |  |
|                  |      |             |      | 19-Other       |      |       |       |        | -----               |      |  |      |  |  |  |  |
| S/E Name         |      |             |      |                |      |       |       |        |                     |      |  |      |  |  |  |  |
| Optional Use     |      |             |      |                |      |       |       |        |                     |      |  |      |  |  |  |  |
|                  |      |             |      |                |      | 9907  |       | 9908   |                     | 9906 |  | 9916 |  |  |  |  |