

20XX CONTRACTOR EXPENSE SURVEY - HOGS AND PIGS

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**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. The information you provide will be used for statistical purposes only. Your responses will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection provisions of Title V, subtitle A, Public Law 107-347 and other applicable Federal laws. For more information on how we protect your information please visit: <https://www.nass.usda.gov/confidentiality>. Response is **voluntary**. You may skip any question(s) you prefer not to answer.

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 for this information collection is 0535-0218. The time required to complete this information collection is estimated to average 45 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.

1. During 20XX, were you a production contractor where you paid a fee to someone else to raise hogs and pigs 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 20XX, please report the average cost of inputs provided to contract growers per head.

Inputs	Farrow to Wean	Farrow to Feeder	Farrow to Finish	Nursery Only	Finish Only	Other, Specify ^{1/}
a. Type of Other Hog and Pig Operation.						
b. Total Head Under Contract. . . .	hd	hd	hd	hd	hd	hd
c. Total Number of Contractees. .	#	#	#	#	#	#
d. 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) breeding stock (sows, gilts, boars) placed on the operation, per pig raised? . . .	\$. ___	\$. ___	\$. ___			\$. ___

^{1/} For example, nursery to finish and nursery to feeder operations.

Please continue on back

Inputs	Farrow to Wean	Farrow to Feeder	Farrow to Finish	Nursery Only	Finish Only	Other, Specify
(v) feeder pigs placed on the operation?.....					\$.___	\$.___
(vi) pigs placed in nursery?.....				\$.___		\$.___
(vii) feed?.....	\$.___	\$.___	\$.___	\$.___	\$.___	\$.___
(viii) medication, vaccination, veterinary & custom services (AI, castration, etc.)?.....	\$.___	\$.___	\$.___	\$.___	\$.___	\$.___
(ix) fuel?						
(a) Diesel Fuel.....	\$.___	\$.___	\$.___	\$.___	\$.___	\$.___
(b) Gasoline.....	\$.___	\$.___	\$.___	\$.___	\$.___	\$.___
(c) Natural Gas.....	\$.___	\$.___	\$.___	\$.___	\$.___	\$.___
(d) LP Gas.....	\$.___	\$.___	\$.___	\$.___	\$.___	\$.___
(e) Other (Specify: _____)	\$.___	\$.___	\$.___	\$.___	\$.___	\$.___
(x) utilities?						
(a) Electricity.....	\$.___	\$.___	\$.___	\$.___	\$.___	\$.___
(b) Water / Other.....	\$.___	\$.___	\$.___	\$.___	\$.___	\$.___
(xi) supplies?.....	\$.___	\$.___	\$.___	\$.___	\$.___	\$.___
(xii) livestock insurance?.....	\$.___	\$.___	\$.___	\$.___	\$.___	\$.___
(xiii) taxes.....	\$.___	\$.___	\$.___	\$.___	\$.___	\$.___
(xiv) hauling.....	\$.___	\$.___	\$.___	\$.___	\$.___	\$.___
(xv) other expenses? (Include admin. cost, depreciation, technical services & other)..... (Specify: _____)	\$.___	\$.___	\$.___	\$.___	\$.___	\$.___

Reported by: _____ 9911 Telephone (____) _____

Response		Respondent		Mode		Enum	Eval	Rep. Unit	Duplication Adjustor	Date MM DD YY	Optional
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	0098	0100	0921	0922	9910	0003
2-R		2-Sp		2-Tel						____ 14	
3-Inac		3-Acct/Bkpr		3-Face-to-Face						Office Use for POID	
		4-Partner								0789	
		9-Other								_____	
S/E Name											