## **CATTLE ON FEED INQUIRY - January 1, 2024**

OMB No.0535-0213 Approval Expires: 4/30/2024 Project Code: 154 Surveyld:3991 Version 4



United States Department of Agriculture



NATIONAL AGRICULTURAL STATISTICS SERVICE

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## USDA/NASS

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

The information you provide will be used for statistical purposes only. Your response 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 and Statistical Efficiency Act of 2018, Title III of Pub. L. No. 115-435, codified in 44 U.S.C. Ch. 35 and other applicable Federal laws. For more information on how we protect your information please visit: https://www.nass.usda.gov/confidentiality. Response to this survey is voluntary.

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 0535-0213. 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.

We need to know about all cattle and calves on feed for the slaughter market, regardless of ownership, on the total acres operated.

INCLUDE cattle being fed by you for others.

5. What was the total capacity of your feedlot(s) on January 1?

- 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.

				NUMBER					
	How many cattle and calves were on feed January 1, that will go directly from this operation to the slaughter market?								
2. O	f the TOTAL cattle and calves on feed (Item 1), how many were:								
a.	Steers and steer calves?			660					
b.	b. Heifers and heifer calves?								
3. D	During December, how many cattle and calves:								
a.	a. were placed on feed in your feedlot(s)?								
b.	b. were shipped to slaughter market from your feedlot(s)?								
C.	c. were shipped to someone else's feedlot(s)?								
d.	d. were returned to grazing?								
e.	. died?								
4. Of	f the number placed [Item 3a], how many or what percent weighed:	PERCENT		HEAD					
a.	Less than 600 pounds?	661		671					
b.	600 - 699 pounds?	662		672					
C.	700 - 799 pounds?	663	OR	673					
d.	800 - 899 pounds?	682		692					
e.	900 - 999 pounds?	683		693					
f.	1,000 pounds and over?	684		694					
	TOTAL	100%	(Total must equal Item 3a)						
			equal item 3a)						

## **HAY PRICES**

•	EXCLUDE all hay purchased from dealers EXCLUDE straw, haylage, greenchop, and		than farmers.				тс	NS			
	ow many tons of baled alfalfa hay and alfalfa lecember?			ners in	28	39					
							DOL	LARS			
	hat was the total amount you paid for the alfarmers in December?					er <sup>18</sup>	31				
							TC	NS			
le	How many tons of other baled hay, including fescue, clover, bermuda, sudan, sudan crosses, lespedeza, bahia, timothy, grain, ryegrass, other grass, other tame, and wild hays did you purchase from other farmers in December?										
							DOL	LARS			
	What was the total amount you paid for the other baled hay purchased from other farmers in December?										
10. H	as this operation (name on label) been so $_1$ Yes - Identify the new operato			se?							
	Deration Name:										
	Derator Name:										
	Address:										
F	Phone: ()	☐ Che	eck if cell phon	e.							
	a. Did this person operate land		ne 1, 2023?	1	Yes		3 🔲 1	No			
11. S	urvey Results:										
Oper	ator Email:		Operator Pho	ne:							
9929		Check to receive results by email	9918					Check if cell phone			
			()								
Oper	ation Email: (if different from above)		Operation Ph	one: (if d	ifferer	nt from	ı abov	ve)			
9937		Check to receive results by email	9936					Check if cell phone			
			()								
Resn	ondent Name:	Respondent Ph	one: (if differer	it from ah	ove)						
9912		9911	(	Check if	9910	MM	DD	YY			
				cell phone				- •			
		17		1 1 1	Date:						

OFFICE USE ONLY												
Response		Respondent Mode		Enu		Eval.	Change	Office Use for POID			)	
1-Comp 2-R 3-Inac 4-Office Hold 5-R – Est	9901	2-Sp 2-PATI (Tel)	2-PATI (Tel) 3-PAPI (Face)	3-PAPI (Face-to- Face)	9903 o-	9998	9900 R. Unit	9985	9989			
6-Inac – Est 7-Off Hold – Est						9921	_	9907	9908	9906	9916	
S/E Name												

Office Use 9909

916