



LIVESTOCK MANAGEMENT PLAN

to be attached to Notification

YEAR

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

FIRST COMMUNICATION

SUBSEQUENT VARIATIONS

| | | | | |
|---|---|---|---|---|
| DECLARANT (Holder of Notification) | | FISCAL CODE | <input style="width: 100%;" type="text"/> | |
| SURNAME OR BUSINESS NAME | | | | |
| <input style="width: 100%;" type="text"/> | | | | |
| FIRST NAME | | | | |
| <input style="width: 100%;" type="text"/> | | | | |
| DATE OF BIRTH | | PLACE OF BIRTH | | PROV. |
| <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 100%;" type="text"/> | | <input style="width: 20px; height: 20px;" type="text"/> |
| NAME OF THE FARM | | | VAT NUMBER | |
| <input style="width: 100%;" type="text"/> | | | <input style="width: 100%;" type="text"/> | |

This "Livestock Management Plan" consists of the following documents:

| | Number of forms filled out |
|--|---|
| 1. Feed Plan | |
| Section A. Annual Ration | <input style="width: 20px; height: 20px;" type="text"/> |
| Section B. Composition of Daily Ration | <input style="width: 20px; height: 20px;" type="text"/> |
| Section C. Pasture Utilization Plan | <input style="width: 20px; height: 20px;" type="text"/> |
| 2. Restocking and Breeding Management Plan | <input style="width: 20px; height: 20px;" type="text"/> |
| 3. Health Plan | |
| Section A. Preventive Structural and Veterinary Measures | <input style="width: 20px; height: 20px;" type="text"/> |
| Section B. Products Used (phytotherapeutic, homeopathic, trace elements and products in conformity with EC Reg.889/08) | <input style="width: 20px; height: 20px;" type="text"/> |
| Section C. Compulsory Preventive Treatments | <input style="width: 20px; height: 20px;" type="text"/> |

| | | | | | |
|---|--|--|--|--|---|
| <p style="text-align: center;">DATE</p> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center;">day month year</p> <p style="text-align: center;">In witness thereof,</p> | | | | | <p style="text-align: center;">RESPONSIBLE PERSON</p> <p>First Name and Surname _____</p> <p>Educational Qualification _____</p> <p>FISCAL CODE <input style="width: 100%;" type="text"/></p> <p>Signature _____</p> |
| | | | | | |

Declarant's signature



FEED PLAN

Section C. Pasture Utilization Plan

NAME OF THE FARM

VAT Number

| No. of field | UAA (ha) | Available from _ to _ | Species | Category | Total LU | Organic Pasture | Mixed Pasture |
|--------------|----------|-----------------------|---------|----------|----------|--------------------------|--------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | |
|---|--|--|--|-----|-------|------|---|
| <p>DATE</p> <table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;"><input style="width: 80%; height: 20px;" type="text"/></td> <td style="width: 33%; text-align: center;"><input style="width: 80%; height: 20px;" type="text"/></td> <td style="width: 33%; text-align: center;"><input style="width: 80%; height: 20px;" type="text"/></td> </tr> <tr> <td style="text-align: center;">day</td> <td style="text-align: center;">month</td> <td style="text-align: center;">year</td> </tr> </table> <p style="text-align: center;">In witness thereof,</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Declarant's signature</p> | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | day | month | year | <p style="text-align: center;">RESPONSIBLE PERSON</p> <p>First Name and Surname _____</p> <p>FISCAL CODE <input style="width: 80%; height: 20px;" type="text"/></p> <p>Signature _____</p> |
| <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | | | | | |
| day | month | year | | | | | |

Notes _____

RESTOCKING AND BREEDING MANAGEMENT PLAN

YEAR

NAME OF THE FARM

FIRST COMMUNICATION

SUBSEQUENT VARIATIONS

VAT Number

Species

Production Unit

| Breed | Category | Production Specialization | Period | Restocking or Renewal Quota | Restocking % | | Provenance | | |
|-------|----------|---------------------------|--------|-----------------------------|--------------|----------|--------------------------|--------------------------|--------------------------|
| | | | | | on-farm | off-farm | organic | convent. | extensive |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Expected change of breed reared _____

Expected change of production specialization _____

| | | | | | | | |
|---|-------|------|--|-----|-------|------|---|
| <p style="text-align: center;">DATE</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </td> <td style="border: 1px solid black; width: 80px; height: 30px; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">day</td> <td style="text-align: center;">month</td> <td style="text-align: center;">year</td> </tr> </table> <p style="text-align: center;">In witness thereof,</p> | | | | day | month | year | <p style="text-align: center;">RESPONSIBLE PERSON</p> <p>First Name and Surname _____</p> <p>FISCAL CODE <input style="width: 150px; height: 20px;" type="text"/></p> <p>Signature _____</p> |
| | | | | | | | |
| day | month | year | | | | | |

Declarant's signature

