



Walden Local, Inc. Pork Supplier Affidavit

I _____, certify and guarantee that the market hogs or pork products I am selling Walden have been raised according to the following criteria:

Program Requirements:

- Pigs have never been fed or injected with any sort of artificial hormone, steroid, or growth enhancer.
- Pigs have never been fed or injected with antibiotics for any reason. If antibiotics of any kind are used to treat illness for the comfort or safety of the animal, treated animals are fully segregated from Walden animals and documented by ear tag.
- Pigs have never been fed animal or fish by-products at any time.
- Pigs have been humanely handled in loading, trucking, and restraint; no electric prod of any kind has been utilized.
- No cages or pens that restrict natural behavior have been used in the pig's lifetime, including during farrowing.
- No tail docking, detusking, piglet teeth modification, nose rings, or immunocastration permitted.
- No hot prods or electric shocks used in handling.
- No cull animals (sick animals, lactating sows, or intact boars) may be sold into the program.
- No market weight animals have been purchased at auction.

Raising Protocols:

- Pigs have been raised on Seller's farm for a minimum of 90 days.
- Pigs have continuous, year-round access to uncovered outdoor areas. When in shelters during winter, pigs maintain continuous access to the outdoors except in extreme weather conditions.
- A minimum of 18 sqft/pig is provided for market pigs, with at least 9 sqft indoors and 6 sqft outdoors (remaining 3 sqft can be either indoors or outdoors).
- Indoor housing must be deep bedded, ensuring no visible concrete.

Supplier Affidavit

I, the undersigned authorized representative of the Supplier named below, being duly sworn, depose and say that I have read the foregoing affidavit and that the statements contained herein are true and correct to the best of my knowledge, information, and belief.

Supplier Information

Company Name:

Live Animal Shipment Date:

Representative Name:

Transportation Carrier:

Title: _____

Carrier Phone Number:

Signature: _____

Date: _____