LDF Form 2

Legal Authority: Republic Act 10625 known as the Philippine Statistical Act of 2013.

Confidentiality: Section 26 of RA 10625 and Article 55 of the Implementing Rules and Regulations of RA 10625 states that all data furnished by a respondent to statistical inquiries, survey and censuses of the PSA shall be considered privileged communication



PSA Approval Number: PSA - 1636 - 02

Expires on:

2016 LISTING OF DAIRY FARMS (LDF)

and as such shall be inadmissible as inquiries, survey and censuses in the f association, partnership, institution or	form of summaries or statistical tables		DAIRY FARM QUESTIONNAIRE									21 September 2017				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•	A. GEOGRAPI	IIC IDE	NTIFICATION					•				
SHEET OF	OF SHEETS A1 REGION			A2 PROVINCE			A3 CITY/MUNICIPALITY				A4 BA	ARANGAY				
	•				B. DAIRY FAR	M IDE	NTIFICATION									
B1 NAME OF DAIRY FARM				B7 OFFICE ADDRESS O a. PROVINCE	F DAIRY FARM					B11 DOES THE DAIRY FARM HAS A MOTHER COMPAN' (Check applicable box) B12 NAME OF MOTHER COMPANY				res 2 Noi	ne, Go to Iter	m 14
(Registered Name/Last Name) (First Name)				b. CITY/MUNICIPALITY							MOTHER COMPAN	IY				
B2 DAIRY FARM SERIAL NUMBER				c. BARANGAY						a. PROV						
B3 ADDRESS OF DAIRY FARM				d. NO. STREET/SITIO/PUROK					b. CITY/MUNICIPALITY							
(No. Street/Sitio/Purok)				B8 IS THE OWNER/OPERATOR A MEMBER OF A COOPERATIVE? 1 Yes 2 No, Go to Item						c. BARANGAY						
B4 CONTACT INFORMATION (Mobile/Telephone Number) (E-mail Address)				(Check applicable box)						d. NO. STREET/SITIO/PUROK						
B5 NAME OF OWNER/OPERATOR			B9 NAME OF COOPERATIVE						B14 IS THE DAIRY FARM ENGAGED IN "PAIWI"? 1 Yes 2 No, Go to Item 16							
(Last Name) (First Name)				B10 ADDRESS OF COOPERATIVE a. PROVINCE					B15 WHO GRANTED "PAIWI" OF THE DAIRY ANIMALS?					_		
B6 LEGAL STATUS OF THE DAIRY FARM (Check applicable box)				b. CITY/MUNICIPALITY					DAG DID THE DAIDY FADAA DECENIE ANIV ACCICTANCE							_
1 Individual Proprietorship 4 Cooperatives 7 Others, specify				c. BARANGAY						FROM PCC AND/OR NDA? 1 Yes 2 No, Go to Block C						
2 Partnership 5 Other Private Institutions				d. NO. STREET/SITIO/PUROK					B17 WHAT ASSISTANCE DID YOU RECEIVE FROM PCC AND/OR NDA?							
3 Corporation	6 Government Cor	p./Inst.								PCC			NDA			
C4 FADA4 CADACITY	C2 TYPE OF DAIRY ANIMALS	63 PREED OF T	LIE DAIDY	CA CDECIFIC NAME OF BREED OF	C. DAIRY FARM C5 OWNERSHIP OF DAIRY			C7.TOT4	I INIVENITORY	60.5	ENAME DEFENSE	CO NUMBER OF	ANUNANIC ON	C10 AVED	ACE MALK	
C1 FARM CAPACITY	C2 TYPE OF DAIRY ANIMALS	C3 BREED OF T ANIMA		C4 SPECIFIC NAME OF BREED OF THE DAIRY ANIMALS	ANIMALS	C6 P	PURPOSE OF DAIRY ANIMAL	C7 101A	L INVENTORY	C8F	EMALE BREEDER	C9 NUMBER OF A		C10 AVERA PRODUCTION	N PER HEAD	L
1														PER		- 1
N What is the maximum number E of dairy animals (farm	What is/are the type/s of dairy What is/are the breed/s of animal/s being raised in the dairy animal/s raised in the		What is the specific name of breed/s of the dairy animal/s	What is the specific name With regards to ownership of wreed/s of the dairy animal/s these dairy animals, are these			What is the purpose of the As of how many dair				, As of of the female bre	eder/s (item	What is the a produced per l	_		
capacity in heads) that can be	n heads) that can be farm? farm?			(Item C3)?	(Item C3)? owned by/under?			(Enter applicable code) there in th		animals (i	item C7) raised in th	he C8), how many is	s/are on the	(in L) by the de	lairy animal/s	
N raised in the farm?	(Enter applicable code) 1 - Carabao	(Enter applicat 1 - Purebreed		(Write in entry)	(Enter applicable code) 1-Dairy Farm	1 5	or Milk Production Only	(Please India	ate Date of Visit)		/ many is/are fema breeder/s ?	nle milklin (Please Indicate I		listed in i	item C9?	
М	2 - Cattle	2 - Crossbree			2-PCC Cooperative		or Breeding Only				ndicate Date of Visit		Sate of Visit,	ĺ		N
B E	3 - Goat	3 - Upgraded			3-NDA Cooperative		or Work Only							ĺ		8
R		4 - Native			4-Non-PCC/NDA Coop./Asso 5-Contract Growing		or Breeding and Milk Prod. For Work and Milk Prod.							İ		F
4.5	4-3			4.2	6-Paiwi System					(a)		(0)		(10)		
(1)	(2)	(3)	1	(4)	(5)		(6)		(7)	(8)		(9)	-	(10)	.0)	_
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4														·	·	- 4
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5														İ	-	5
	D. REMARKS			E.	RESPONDENT'S INFORMA	ATION				•		F. CERTIFICATION	N			
				F RESPONDENT (LAST Name, FIRST Name)					I hereby certify that the data set forth were personally obtained/interviewed by me in accordance with the instructions given by the PSA.							
				TION OF RESPONDENT 1 Owner/Operator 4 Son/daughter e check											2140116::==	
				,		2 Manager 5 Bookkeeper/Accountant 6 Others, specify			Signature over Printed Name of STATISTICAL RESEARCHER Signature over Printed Name of PSO SUPERVISOR					DATE ACCC	OMPLISHED	
					3 Spouse								DATE REVIEWED			