

Producer Affidavit & Market Lamb Health Record

Address: Premise ID Phone: QA Certific Fair: Fair Tag #:	(if available):cation #:	F F F F F F F F F F	Flock Tag # Birth Date:_ original products to _ te Purchased Fr dress:	ed:	Breed through first referenced	Scrapie ID#:	btain from producer): D#: Sex: knowledge, normal business records, or producer s document is of (country) origin, and is (Youth Producer). Premise ID (if available): (Farm Name) Office Phone: City, State, Zip: Print Name				
			r medicated feeds use supplemental Treatment Administered (Medication dispensed, amount and						For prescription or extra label drug use, list the veterinarian's name, address,		
	eds: Remember to do Medica Medication included in feed and a	tion Name		Withdrawal Time	withdrawal Complete (Date & Time)	"Produce he and safe la products by k knowledgeab responsik produce	mb u peing a u le and n ple I	Give Subcutaneous (Sub-Q) injections under loose skin of neck or front flanks, using the tented method. Give Intramuscular (IM) injections in the neck. If label indicates a choice, use Sub-Q (under the skin) injections over IM.			
bone meal), preceived white by this doc	I produced this animoer FDA regulation, (le in my care and all voument is of	CFR Title 21, withdrawal tin(coun	and I have nes have be etry) origin	listed ALL pro een met. I atto and raised in _	oducts and the a	reatments they nnimal referred (country,).		NEVER- Inject into the leg or the loin area.		
Youth Signature:Guardian Signature:								ors: Sarah M. Smit	h, Jean Smith, and Jan Busbo		

Producer Affidavit & Health Record Instructions

The WSU Extension publication Producer Affidavit and Market Lamb Health Record is designed to help youth assure buyers, packers, and consumers that they are producing lamb products that are safe for human consumption and comply with state and federal regulations pertaining to food animal production and sales. This document should reflect ALL treatments and care given while the animal is under YOUR care and ownership, including all animal health products and medicated feeds used. This document also serves as an affidavit to comply with mandatory Country of Origin Labeling (COOL). This is a legally binding document.

purchase. Complete the "Youth					
Producer" information box.					
Exhibitor is the <i>Youth Producer</i> .					
<i>Premise ID</i> is a unique seven					
digit number associated with an					
individual premises assigned					
through the voluntary National					
Animal Identification System					
(NAIS). The purpose of the					
NAIS is to locate exposed or					
infected animals in the event of an					
animal health emergency. To					
receive more information or sign-					
up for your NAIS Premise ID #					
contact Washington State Dept. of					
Agriculture at 360-725-5493.					

Step 1: Obtain this form for each

project market animal prior to

TATACAMA TOMONA COMMON I IN THE PROCESS

Step 4: Record feeds containing medications and their withdrawal time from last feeding. Do not use any feed that is not formulated for the specific species you are feeding.

Step 5: Youth and their parent/guardian need to complete and sign the verification box when the animal is transferred to the fair/show sale committee.

EXT	ENSION	RSITY]	Produc	cer Affi	davit	& Mark	et Lai	mb Heal	th Re	cord
Premise II Phone: QA Certifi Fair: Fair Tag #	mma Winner III Blue Ribbon I III Blue Ribbon I III Blue Ribbon I III III IIII Cation #: SOA IIII Vashingan Fair	I (d affi del Pui	Producer Affidavit and Animal Information (Obtain from producer): Flock Tag #: X074							
Youth producers only list treatments administered while under your care. Do NOT list treatments administered prior to purchase. If you need additional space for treatments or medicated feeds use supplemental health form page—available at animalag.wsu.edu-"Youth Producers"										
Treatments & Dewormers (Date & Time)	& Condition Being Estima		Treatment Administered (Medication dispensed, amount and route of administration)		Drug Lot Number	Name (Person giving treatment)	Withdraw Time (Instructed)	al Withdrawal Complete	For prescription or extra label drug use, list the veterinarian's name, address, and phone.	
6/15/0x	Parasites	90 lbs	Valbaze	4	7213P6	Imma	Idau	s 6/22/0x		
6/15/0x 6/30/0x	Overeating- Enterotoxemia Lame Rt. Front Foot Foot Rot	90 lbs	Clost C&D+ Nuflor, 1	T,50,2ml M, 4ce	B679213 Q321798	Imma Dr. Cure	21 day 28 day	5 7/16/0X 5 7/28/0X	Dr. Iva champion,	Cure WA 111-1212
Medicated Feeds: Remember to document ALL medicated feeds and withdrawal times Medication Name Dates Fed (Medication included in feed and approximate amount of medication) Medication Name Dates Fed (Medication included in feed and approximate amount of medication) Medication Name Time (Instructed) (Date & Time) (Date & Time) Modication included in feed and approximate amount of medication) Medication Name Time (Instructed) (Date & Time) Modication included in feed and approximate amount of medication) Medication Name Time (Instructed) (Date & Time) Modication included in feed and approximate amount of medication) Medication Name Time (Instructed) (Date & Time) Modication included in feed and approximate amount of medication) Medication Name Time (Instructed) (Date & Time) Modication included in feed and approximate amount of medication) Medication Name Time (Instructed) (Date & Time) Modication included in feed and approximate amount of medication) Medication Name Time (Instructed) (Date & Time) Modication included in feed and approximate amount of medication) Medication Name Time (Instructed) (Date & Time) Modication included in feed and approximate amount of medication) Medication Name Time (Instructed) (Date & Time) Modication included in feed and approximate amount of medication) Modication Name Time (Instructed) (Date & Time) Modication Name Time (Instructed)										
I certify that I produced this animal, it was not fed any "prohibited" mammalian protein (i.e. meat & bone meal), per FDA regulation, CFR Title 21, and I have listed ALL products and treatments they received while in my care and all withdrawal times have been met. I attest that the animal referred to by this document is of (country) origin and raised in (country). Youth Signature: Date: \$\frac{15000}{25000}\$ Prepared by: Sarah M. Smith, Jean Smith, and Jan Bushoom										

Step 2: Obtain information about the breeder/seller and identification of the animal. Record animal's fair ID # and sale date in "Youth Producer" box as they become available.

USDA mandatory *Country of Origin Labeling (COOL)* requires animals sold to commercial meat processors for retail sales have written documentations to verify country of origin. First-hand producer must sign here to verify and comply with COOL requirements.

Step 3: Keep this step up-to-date during the ownership and care of your animal when using ANY animal health-care products. Only list treatments administered while under your care-do not list treatment given prior to purchase.

WITHDRAWAL TIME: is the amount of time from the last treatment until the animal can be marketed for harvest. It is found under the "warning section" of the label.

NOTE: Many fairs and packing plants are requiring youth to verify health-product and feed compliance and submit a signed affidavit to verify country of origin. You may not be able to sell project animals at the fair or livestock show if you do not accurately complete the project animal health record. Animals are randomly tested and trace-back audits are conducted to identify potential violations that may result in a monetary fine and/or criminal prosecution. Keep a copy of the health record for at least one (1) year after the sale or harvest of the animal.

Extension programs and employment are available to all without discrimination. Evidence of discrimination may be reported through your local Extension Office.

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