

Dairy Heifer Health Record



Youth Producer:
 Name: _____
 Address: _____

 Phone: _____
 QA Program: _____
 Date Certified: _____
 Fair: _____

Animal Information (Obtain from producer):
 ID #: _____ DOB _____
 Breed: _____ Bangs# _____
 Sire ID: _____ Dam ID _____
 Date Bred: _____ Est. Calving Date _____
 Bred to (Sire ID): _____
 Preg. Check Results: **Preg. Open** Date: _____
 Born in: _____ (Country)

Date Purchased: _____
Purchased From:
 Name: _____
 Address: _____

 Phone: _____
 DQA Certification: _____
(not required)
 Date Certified: _____

“Produce healthy and safe dairy products by being a knowledgeable and responsible producer”

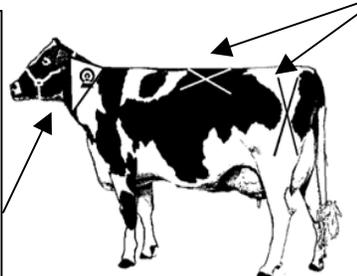
Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount and route of administration)	Drug's Lot Number	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label drug use, list the veterinarian's name, address, and phone.

Medicated Feeds *Remember to document ALL medicated feeds and withdrawal times*

Dates Fed	Medication Name (Medication added/included in feed and approximate amount of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)

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Give **Subcutaneous (Sub-Q) injections** under loose skin of neck, using tented method. Give **Intramuscular (IM) injections** in the neck. If label indicates a choice, use **Sub-Q** (under the skin) injections.



NEVER- Inject into the round or the loin area.

Youth Producer's Copy

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.

Youth Signature: _____ Date: _____
 Guardian Signature: _____ Date: _____

Youth Producer Health Record Instructions

Goal: These records should reflect ALL treatment and care given while the animal is under YOUR care, including all animal health products and medicated feeds used.

DO NOT include health products administered by the breeder or seller of the animal; this information should be kept separate in your records. As the youth producer, the youth raising, showing and marketing the animal, you will sign this form to verify the health products administered to the animal while in YOUR care.

Step 1:

Obtain an Animal Health Record for your animal prior to purchase and complete the "Youth Producer" information box.

Step 4:

This step is to be kept up-to-date throughout the care and ownership of your animal when using ANY animal health-care products.

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

Step 5:

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

Step 2:

Obtain breeder information. Be sure to include the date you purchased your project animal. Some breeders are involved in quality assurance programs. If so, include relevant information.

Step 3:

Obtain animal information from the breeder, such as identification number, breed, date of birth, etc. Be sure to leave enough space on the identification line for show number if tagged during show.

For Dairy Heifer: Include Bangs (Brucellosis) vaccination identification number. Include pregnancy information and date of pregnancy check and results.

Step 6:

Youth and their parent or guardian will complete the certification box when they transfer the animal to the fair or show.

COOPERATIVE EXTENSION
WASHINGTON STATE UNIVERSITY

Dairy Heifer Health Record



Youth Producer:
 Name: Emma Winner
 Address: 111 Blue Ribbon Rd.
Champion, WA 11111
 Phone: (111) 111-1111
 QA Program: WA-County
 Date Certified: 2/21/00
 Fair: County Fair

Animal Information (Obtain from producer):
 ID #: 46271-99 DOB 9/20/99
 Breed: Holstein Bangs# RVO
 Sire ID: R07214395 Dam ID 076215327
 Date Bred: 11/20/00 Est. Calving Date 9/1/01
 Bred to (Sire ID): R79213457
 Preg. Check Results: Preg. Open Date: 8/24/01
 Born in: United States (Country)

Date Purchased: 4/15/00
Purchased From:
 Name: Mr. Proud Producer
 Address: 222 Got Milk Ln.
Moo, WA 22222
 Phone: (222) 222-2222
 DQA Certification: National-QA
(not required)
 Date Certified: 7/2/99

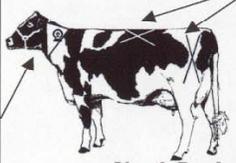
"Produce healthy and safe dairy products by being a knowledgeable and responsible producer"

Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount and route of administration)	Drug's Lot Number	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label drug use, list the veterinarian's name, address, and phone.
5/1/00	Brucellosis	400	Brucellosis Vac. SQ, 1/2 mL	BV721351	Dr. Jones	21 days	5/22/00	Dr. Jones (111) 111-3333
5/1/00	BRVS Booster	400	Cattle Master 4+LS 1M, 5mL	BL67951	Noah	21 days	5/22/00	
8/13/00	Parasites	550	Synanthic Bovine Oral 15mL	PS130042	Dr. Jones	7 days	8/20/00	Dr. Jones
7/7/01	Parasites	1100	Synanthic Bovine Oral 30mL	PS246715	Dr. Jones	7 days	8/14/01	Dr. Jones

Medicated Feeds Remember to document ALL medicated feeds and withdrawal times

Dates Fed	Medication Name (Medication added/included in feed and approximate amount of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)
5/1 - 8/1/00	Enprol Bloat Block Free Choice	0 days	8/1/00
5/1 - 2/28/00	Top Dairy Heifer Grow Rumensin	0 days	2/28/01

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Youth Signature: Emma Winner Date: 8/24/01
 Guardian Signature: Noah Winner Date: 8-24-01

Youth Producer's Copy

Prepared by: Sarah M. Smith, Jan Busboom, and Jean Smith.

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

*****VERY IMPORTANT--**It is against federal regulations to feed prohibited mammalian protein, such as ruminant meat and bone, to ruminant animals (cattle, sheep, or goats).***

NOTE: Many fairs and packing plants are requiring youth to verify health-product and feed compliance. 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 for potential violations that may result in a monetary fine and/or criminal prosecution. Keep a copy of the health record for at least six (6) months after sale, and preferably a year.