WASHINGTON STATE UNIVERSITY EXTENSION

Producer Affidavit & Market Goat Health Record

AMERICAN MEAT GOAT ASSOCIATION

C1051E

Youth Producer:
Name: _____
Address: _____
_____
Premise ID (if available): _____
Phone: _____
QA Certification #: _____
Fair: _____
Fair Tag #: _____
Sale Date: _____

Producer Affidavit and Animal Information (Obtain from producer):
Herd Tag #: _____ Scrapie ID#: _____
Birth Date: _____ Breed/Color: _____ Sex: _____

I (original producer) attest through first-hand knowledge, normal business records, or producer affidavit(s) that the animal referenced to by this document is of _____ *(country)* **origin, and is delivered to _____** *(Youth Producer)***.**

Date Purchased: _____ Premise ID *(if available)***: _____**
Purchased From *(Farm Name)***: _____ Office Phone: _____**
Address: _____ City, State, Zip: _____
Producer Signature: _____ Print Name: _____

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".

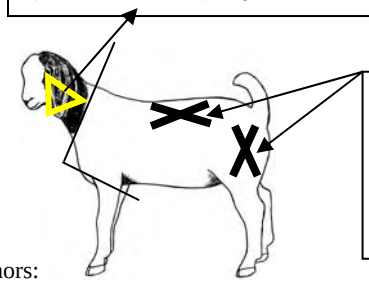
Treatments & Dewormers (Date & Time)	**Condition Being Treated**	**Estimated Weight**	**Treatment Administered** (Medication dispensed, amount, and route of administration)	**Drug Lot Number**	**Name** (Person giving treatment)	**Withdrawal Time** (Instructed)	**Withdrawal Complete** (Date & Time)	For **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 included in feed and approximate amount of medication)	**Withdrawal Time** (Instructed)	**Withdrawal Complete** (Date & Time)

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

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



NEVER inject into the leg or the loin area.

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: _____

Guardian Signature: _____ Date: _____

Authors:
Sarah M. Smith, Jean Smith, Jan Busboom, and Susan Kerr.
C1051E revised November 2008.

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

Producer Affidavit & Health Record Instructions

The WSU Extension publication *Producer Affidavit and Meat Goat Health Record* is designed to help youth assure buyers, packers, and consumers that they are producing meat goat 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.

Step 1: Obtain this form for each project market animal prior to purchase. Complete the "Youth Producer" information box. Exhibitor is the ***Youth Producer***.

Premise ID 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 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.

WASHINGTON STATE UNIVERSITY EXTENSION

Producer Affidavit & Market Goat Health Record

AMERICAN MEAT GOAT ASSOCIATION

Youth Producer:
Name: Imma Winner
Address: 111 Blue Ribbon Ln. Champion, WA 11111
Premise ID (if available): X11111
Phone: (111) 111-1111
QA Certification #: QA-11111
Fair: Washington Fair
Fair Tag #: WF-M11
Sale Date: August 15, 200X

Producer Affidavit and Animal Information (Obtain from producer):
Herd Tag #: XD37 Scrapie ID#: WA 22222X-222
Birth Date: 2/17/0X Breed/Color: Boer — White/Red Head Sex: male
I (original producer) attest through first-hand knowledge, normal business records, or producer affidavit(s) that the animal referenced to by this document is of U.S. *(country)* **origin, and is delivered to** Imma Winner *(Youth Producer)*.
Date Purchased: 6/2/0X **Premise ID** *(if available)*: X222222X
Purchased From *(Farm Name)*: Quality Meat Goat Farm **Office Phone:** (222) 222-2222
Address: 222 Kidding Rd. **City, State, Zip:** Doe, WA 22222
Producer Signature: Proud Producer **Print Name:** Proud Producer

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 Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount, and route of administration)	Drug 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.
6/15/0X	Overeating-Enterotoxemia	60 lbs	Clost C&D+T, SQ, 2.5cc	CD43614	Imma	21 days	6/26/0X	
7/1/0X	Parasites	75 lbs	Fenbendazole, Oral 1.5ml	PT162732	Imma	6 days	7/7/0X	
7/15/0X	Pneumonia	75 lbs	Naxcel, IM, 2cc	NP43651	Dr. Cure	0 days	7/15/0X	Dr. Na Cure Champion, WA 111-1212

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

Dates Fed	Medication Name (Medication included in feed and approximate amount of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)
6/2-8/15/0X	Top Goat Chow, Deccox, 7.6mg/lb	0d	8/15/0X

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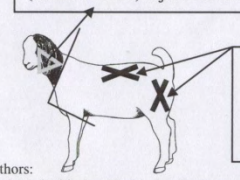

NEVER inject into the leg or the loin area.

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 U.S. *(country)* **origin and raised in** U.S. *(country)*.
Youth Signature: Imma Winner Date: 8/15/0X
Guardian Signature: Mark Winner Date: 8/15/0X

Authors:
Sarah M. Smith, Jean Smith, Jan Busboom, and Susan Kerr.
C1051E revised November 2008.

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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 documentation 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: 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.*

The information given herein is for educational purposes only.
References to commercial products or trade names are made with the understanding that no discrimination is intended and no endorsement by WSU Extension is implied.