WASHINGTON STATE UNIVERSITY EXTENSION

Producer Affidavit & Market Swine Health Record

pork Quality Assurance®

C1055E

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 #/ Ear Notch ID: _____ Sex: _____
Birth Date: _____ Breed/Color: _____

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".

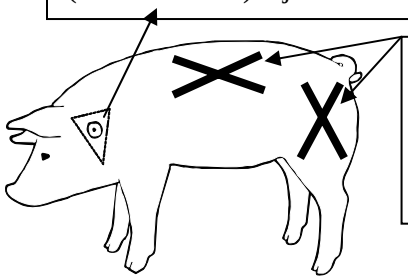
Treatments & Dewormers (Date & Time)	**Condition Being Treated**	**Estimated Weight**	**Treatment Administered** (Medication dispensed, amount, and route of administration)	**Drug Lot Number**	**Name** (Person giving treatment)	**Withdrawal Time** (Instructed)	**Withdrawal Complete** (Date & Time)	For **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 pork products by being a knowledgeable and responsible producer."

Give **Subcutaneous (Sub-Q) injections** under loose skin of neck or 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 ham or the loin area.

I certify that I produced this animal and I have listed ALL products and treatments they received while in my care/ownership 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, and Jan Busboom.
C1055E 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 Market Swine Health Record* is designed to help youth assure buyers, packers, and consumers that they are producing swine 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.

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Producer Affidavit & Market Swine Health Record

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Youth Producer:
Name: Imma Winner
Address: 111 Blue Ribbon Ln. Champion, WA 11111
Premise ID (if available): X111111
Phone: (111) 111-1111
QA Certification #: NPB 1111
Fair: Washington Fair
Fair Tag #: WF-11
Sale Date: August 15, 200X

Producer Affidavit and Animal Information (Obtain from producer):
Herd Tag #/ Ear Notch ID: 14-5 Sex: Gilt
Birth Date: 1/05/0X Breed/Color: Hamp Cross
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 Canada *(country)* **origin, and is delivered to** Imma Winner *(Youth Producer)*.
Date Purchased: 4/05/0X **Premise ID** *(if available)*: X222222
Purchased From *(Farm Name)*: High Quality Swine Farm **Office Phone:** 222-222-2222
Address: 222 Bacon Rd **City, State, Zip:** Pork Chop, 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.
5/25/0X	Parasites	75 lbs	Ivomec, SQ, 1cc	PC.096	Imma	35 days	6/29/0X	
7/3/0X	Lame Front Left Foot	230 lbs	Penicillin, IM, 10cc	6321462	Dr. Cure	11 days	7/14/0X	Dr. Iva Cure Champion, WA 111-1212
7/16/0X	Cough/Fever	240 lbs	Naxcel, IM, 8cc	B316718	Dr. Cure	0 days	7/16/0X	Dr. Iva Cure

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)
4/5-5/5/0X	Top Show Starter-Carbadox 50g/ton	42 days	6/16/0X
5/6-7/1/0X	Top Show Grower-Chlortetracycline 250g/ton	0 days	7/1/0X

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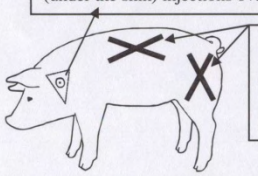

NEVER inject into the ham or the loin area.

I certify that I produced this animal and I have listed ALL products and treatments they received while in my care/ownership and all withdrawal times have been met. I attest that the animal referred to by this document is of Canada *(country)* **origin and raised in** U.S. *(country)*.
Youth Signature: Imma Winner Date: 8/15/0X
Guardian Signature: Mah Winner Date:

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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.*

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