

# Market Poultry Health Record

**Youth Producer:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 QA Program: \_\_\_\_\_  
 Date Certified: \_\_\_\_\_  
 Fair: \_\_\_\_\_

**Animal Information (Obtain from producer):**  
 Identification #: \_\_\_\_\_  
 Federal Scrapie Premise ID # \_\_\_\_\_  
 Breed: \_\_\_\_\_ Sex: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Castration Date: \_\_\_\_\_  
 Date Delorned: \_\_\_\_\_  
 Date Weaned: \_\_\_\_\_ Sire ID: \_\_\_\_\_

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

**Date Purchased:** \_\_\_\_\_  
**Purchased From (Breeder):**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 QA Certification: \_\_\_\_\_  
 Date Certified: \_\_\_\_\_  
(not required)

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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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.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_