

Producer Affidavit & Market Beef Health Record



Youth Prod	ucer:					ation (Obtain	-	<u>-</u>			
		F	Ranch Tag	#:		Breed/Color: _					
Address: _			Birth Date:			Brand:	Location:				
		`							cords, or producer		
	(if available):								country) origin, and is		
Phone:	C' .' II		ivered to _						(Youth Producer).		
_	fication #:		Date Purchased: Premise ID (if available):								
		I U	Purchased From:(Farm Name) Office Phone:								
Fair Tag #:			Address: City, State, Zip:								
Sale Date:			Producer Signature					_ Print Name			
	rs only list treatments a ditional space for treatn								th Producers"		
Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatmen (Medication d	at Administered lispensed, amount and 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.		
(Bute et Time)	110000	,, ergine	Toute of	udililistration	110222002	troutmonty	(msiractea)	(Bute & Time)	una priorie.		
Medicated Fe	eds: Remember to do	cument ALL m	edicated feed	ds and withdraw	al times						
			.,	Withdrawal	Withdrawal	"Produce h	• 1	y Give Subcutaneous (Sub-Q) injections under loose skin of neck, using the			
Dates Fed	Medica Medication included in feed and a	tion Name	of medication)	Time (Instructed)	Complete (Date & Time)	and safe	, , , , , , , , , , , , , , , , , , ,		Give Intra-muscular		
Dates Fed (1	vieuleation included in feed and a	ipproximate amount	of medication)	(msu ucted)	(Date & Time)	products by	being a		in the neck. If label		
						knowledgeal responsi	oic and	. •	ce, use Sub-Q (under		
						produce	I +h	e skin) injectio	ons over IM .		
						produce	·				
I contify that	I musdused this suim	al :4 was mat	fod one the	nahihitad?? mam	umalian nu	toin (i.e. moot					
•	I produced this anim per FDA regulation, C				_	·			NEVER-		
	le in my care and all v						\ \	(I ,	Inject into the round		
	cument is of								or the loin		
_	ture:					te:			area.		
Guardian Sig	gnature:				Dat	e:	Author	s: Sarah M. Smith	h, Jean Smith, and Jan Busboo		

Producer Affidavit & Health Record Instructions

The WSU Extension publication Producer Affidavit and Market Beef Health Record is designed to help youth assure buyers, packers, and consumers that they are producing beef cattle 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 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 signup 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

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 Beef Health Record Beef Qual Assurant						
Name:	Producer Affidavit and Animal Information (Obtain from producer): Ranch Tag #: 34 Breed/Color: Angus (vrss - Black / White Face) Birth Date: 3/2/0 x Brand: W&U Location: LH 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: 2/2/0/0 x Premise ID (if available): x222.22 x Purchased From: Quality (cottle Farch (Farm Name) Office Phone: 222)222-2222. Address: 2.2.2 than harvey Rd. City, State, Zip: Seak, WA 22.2.2.2. Producer Signature Face (Farm Name) Producer						
Youth producers only list treatments administered for the state of the	d while under your care. Do NOT list treatments administered prior to purchase. edicated feeds use supplemental health form page—available at animalag.wsu.edu-"Youth Producers"						
Treatments & Dewormers Condition Being Estimate Condition Being Condition Be	[Medication dispensed, amount and Veterinarian's name	list the e, address,					
12/15/0x Growth Fromotive 700/16 2/4/0x Bloody Diarrhea 815/16	bs Tromec Pour Cn, 34ml IV62713 Imma 48 days 2/1/0x es Ralgno, Ear Implient, 36mm R271169 Imma. Odays 12/15/0x es Oxythrageline, IM, 15ce 278431V Dr. Cure 28 days 3/4/0x champion, WA bs Tromec Pour Cn, 48 ml IV62713 Imma 48 days 10/18/0x						
Medicated Feeds: Remember to document ALI Medication Name (Medication included in feed and approximate am	Withdrawal Time Complete and safe beef Give Subcutaneous (Sub-Q) injunder loose skin of neck, using the	he					
12/10-8/15/0x Top Sker Chaw, Rumers in	knowledgeable and responsible producer" Knowledgeable and responsible producer" (IM) injections in the neck. If la indicates a choice, use Sub-Q (ur the skin) injections over IM.						
bone meal), per FDA regulation, CFR Title a received while in my care and all withdrawa	21, and I have listed ALL products and treatments they al times have been met. I attest that the animal referred						
Extension prog <mark>r</mark> ams and employment are a	available to all without discrimination. Evidence of discrimination may be reported through your local Extension Office.						

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.

Authors: Sarah M. Smith and Jean Smith, Area Animal Science Extension Educators