

Guardian Signature:

Producer/Breeder Affidavit & **Market Lamb Health Record**

Youth Pro		Pro	ducer/Bre	eder Affidav	it and Anima	al Information	(Obtain fro	m breeder):		
Name:Address:			Tock Tag π Birth Date:	•	Breed	Scrapie ID#: Sex:				
	ID (if available):	I (o	riginal pr	oducer) attest	t through firs	st-hand knowl	edge, norma	l business rec	cords, or producer	
	(ii available)					-				
OA Certi	ification #:		delivered to(Youth Producer).							
Fair:		Da	Date Purchased: Premise ID (if available): Purchased From (Farm Name): Office Phone:							
Fair Tag #:			Address: City, State, Zip:							
	e:	Au	Producer/Breeder Signature: Print Name:							
	cers only list treatments ac additional space for treatn								uth Producers".	
Treatments & Dewormers (Date & Time)	& Associated Condition(s) Being	Estimated Weight	Treatment Administered (Medication dispensed, amount, and route of administration)		D I -4	Name (Person giving treatment)	Withdrawal Time (Instructed)		For prescription or extra label drug use, list the veterinarian's name, address, and phone.	
(Bute & Time)		, , eight			Tidiliber		(mstracted)			
Medicated 1	Feeds: Remember to doc	cument ALL me	edicated fee	ds and withdra	wal times.	"Produce h	oolthy G		(0.1.0):: 4:	
Dates Fed	Medication Name (Medication included in feed and approximate amount of medication)			Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	"Produce healthy and safe lamb 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 Intramuscular (IM) injections in the neck. If label indicates a choice, use Sub-Q (under the skin) injections over IM.		
										
bone meal) received w to by this d	at I produced this anima), per FDA regulation, C hile in my care and all w document is of	FR Title 21, ithdrawal tii	and I have nes have b	listed ALL preen met. I at	roducts and to test that the a	reatments they animal referred	1	×	NEVER inject into the leg or the loin area.	
Youth Sign	iature:				Da	ເe:	_			

Date:

Producer Affidavit & Health Record Instructions

The WSU Extension publication Producer Affidavit and Market Lamb Health Record is designed to help youth assure buyers, packers, and consumers that they are producing lamb 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 <i>Youth Producer</i> .

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.

WASHING	TON STATE UNIVER ENSION	RSITY I	Produ	cer Aff	idavit (& Mark	et Lan	ıb Heal	th Record	
Premise II Phone:	Imma Winner III Blue Ribbon Mampion, WA IIIII O (it available): XIIII IIII IIII IIII Octation #: SOA IIII Octation Fair	F F F F F F F F F F	Producer Affidavit and Animal Information (Obtain from producer): Flock Tag #: X074							
	ers only list treatments additional space for treatm Associated Condition(s) Being Treated		Treatmen		ntal health form			g.wsu.edu-"You	uth Producers". For prescription or extra label drug use, list the veterinarian's name, address, and phone.	
Lelislox	Parasites Over eating	90 lbs	Valbaze	A 10.	Z123Plo	Imma	7days	6/22/0X		
[e/3D/OX	Lanie Front Rt. Foot Foot Rot	100 lbs	Nuflor, 1	M, 4cc	0321798	Dr. Cure	z8days	7/28/0x	Dr. Iva Cure Champion, NA 111-121	
Medicated Feeds: Remember to document ALL medicated feed Medication Name (Medication included in feed and approximate amount of medication) Medicated Feeds: Remember to document ALL medicated feed Medication Name (Medication included in feed and approximate amount of medication)			ds and withdrawal Withdrawal Time (Instructed) Odays	wal times. Withdrawal Complete (Date & Time) 8/15/OX	"Produce h and safe le products by knowledgeal responsi produce	amb unbeing a usble and mble If	Give Subcutaneous (Sub-Q) injections under loose skin of neck or front flanks, using the tented method. Give Intramuscular (IM) injections in the neck. If label indicates a choice, use Sub-Q (under the skin) injections over IM.			
	t I produced this anima						&	A X	NEVER inject into	

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.

the leg or

the loin

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.

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

Date: 8/15/0X

received while in my care and all withdrawal times have been met. I attest that the animal referred

Winner

to by this document is of _______(country) origin and raised in ________(.5.

Youth Signature: H mma

Guardian Signature: Weat Winner