

Poultry Health Record

Required for Fair Entry

Member is responsible for keeping accurate records.

	Animal Information (Obtain from Producer):		
Youth Producer:	ID#	Import#	Date Purchased:
Name:	Tattoo:	Location:	Purchased From:
Address:	Breed/Color:		Address:
	Hatch Date:		
Phone:			Phone:

Treatments/Dewormers Administered (Medication dispensed, Amount & Route of Administration)	Date	Condition Being Treated	Estimated Weight	EPA# or Drug's Lot No	Withdrawal Time	Withdrawal Complete (Date & Time)	For Prescription or Extra Label Drug Use, list the veterinarian's name, address & phone.

Medicated Feeds (Remember to document ALL medicated feeds and withdrawal times)

Dates Fed	Medication Name (Medication Added/Included in Feed & Approximate Amount of Medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	Dates Fed	Medication Name (Medication Added/Included in Feed & Approximate Amount of Medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)

I certify that I produced this animal, it was not fed any "prohibited" protein, per FDA regulation, CFR Title 21, and I have listed ALL products and treatments it received while in my care and all withdrawal times have been met.

Youth Signature _____ Date _____

Guardian Signature _____ Date _____

IMPORTANT: This form due at Fair Weigh-In