



# Market Beef Health Record

Member is responsible for keeping accurate records. Completed copy to be turned in to OSU Extension by August 1, 2011

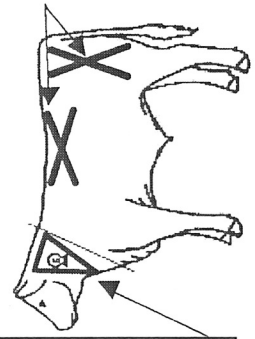
Youth Producer:		Animal Information (Obtain from Producer):	
Name:	ID#	Import#	Date Purchased:
Address:	Brand:	Location:	Purchased From:
Phone:	Breed/Color:	DOB:	Address:
	Date Weaned:		Phone:

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)

Give Subcutaneous (Sub-Q) injections under loose skin of neck, using the tented method. Give Intra-muscular (IM) injections in the neck. If label indicates a choice, use Sub-Q (under the skin) injections.



**NEVER** inject into the round or loin area.

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 it received while in my care and all withdrawal times have been met.

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_  
Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Prepared by: Gary Delaney, Grant County Extension Agent  
November 2003

**IMPORTANT: This form due at the scale on August 1, 2011**

**Required for 2011 Fair Entry**