

Market Goat Health Record



Member is responsible for keeping accurate records. Completed copy must be turned in at the scale on August 1, 2011

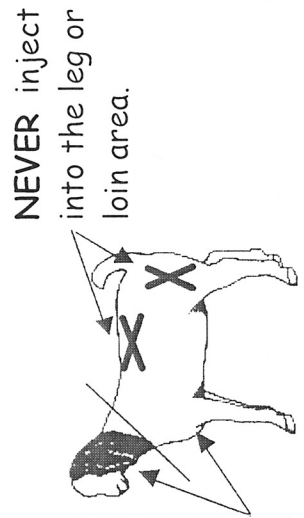
Youth Producer:		Animal Information (Obtain from Producer):	
Name:	ID #	Import #	Date Purchased:
Address:	Fed. Scrapie ID#		Purchased From:
Phone:	Breed/Color:		Address:
	DOB:		Phone:
	Date Weaned:		

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 or front flank using the tented method. Give Intramuscular (IM) injections in the neck. If label indicates a choice, use Sub-Q (under the skin) injections.



NEVER inject into the leg 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 _____

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