



Poultry Health Record

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

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

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

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 _____

Prepared by: Clatsop County Extension Faculty
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