

Market Swine Health Record



Youth Producer:
 Name: _____
 Address: _____
 Phone: _____
 PQA Program: _____
 Date Certified: _____
 Fair: _____

Animal Information (Obtain from producer):
 Identification #: _____ Sex _____
 Breed/Color: _____
 DOB: _____ Date Weaned: _____
 Sire PSS Gene Status: **Positive** **Carrier**
 (please circle one) **Negative** **Untested**
 Born in _____ (Country)

Date Purchased: _____
Purchased From:
 Name: _____
 Address: _____
 Phone: _____
 PQA Certification: _____
 (not required)
 Date Certified: _____

“Produce healthy and safe pork products by being a knowledgeable and responsible producer”

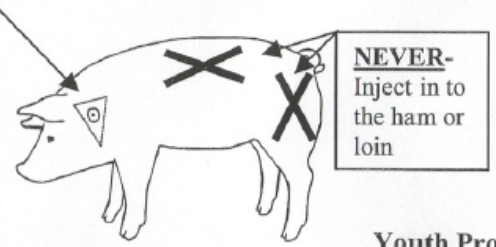
Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount and route of administration)	Drug's Lot Number	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label drug use, list the veterinarian's name, address, and phone.

Medicated Feeds *Remember to document ALL medicated feeds and withdrawal times*

Dates Fed	Medication Name (Medication added/included in feed and approximate amount of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)

Dates Fed	Medication Name (Medication added/included in feed and approximate amount of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)

Give Subcutaneous (Sub-Q) injections and Intramuscular (IM) injections in the neck, in front of shoulder. If label indicates a choice, use Sub-Q (under the skin) injections.



I certify that I produced this animal and I have listed ALL products and treatments they received while in my care, and all withdrawal times have been met.

Youth Signature: _____ Date: _____
 Guardian Signature: _____ Date: _____

Youth Producer's Copy

Prepared by: Sarah M. Smith, Jan Busboom, and Jean Smith, WSU

COUNTRY OF ORIGIN AFFIDAVIT/DECLARATION

As an affidavit is deemed by USDA as on official record of *Country of Origin**, I attest through first-hand knowledge, normal business records, or producer affidavit(s) that all livestock referenced by this document as being intended for the junior livestock auction are of United States origin. Should the origin of my livestock become other than described above, I agree to notify the buyer/agent when this occurs.

*Origin is defined as being both "Born and Raised"

PRODUCERS SECTION *(To be completed by person you are purchasing livestock from.)*

Signature of Seller: _____
(Person selling the livestock to the individual to show/auction)

Date: _____
(Date sale and transfer of ownership took place)

Name and Address of Business/Farm/Ranch: _____
(Name and location of where the livestock was kept before being sold)

BUYERS SECTION *(To be completed by student purchasing livestock to show.)*

I attest that all livestock referenced by this document that I have purchased are of United States origin. Should the origin of my livestock change, I agree to notify the buyer/agent immediately.

Signature of Buyer: _____
(Individual purchasing livestock to raise for auction)

Printed Name of Buyer: _____

Date: _____

Youth Producer Health Record Instructions

Goal: These records should reflect ALL treatment and care given while the animal is under YOUR care, including all animal health products and medicated feeds used.

DO NOT include health products administered by the breeder or seller of the animal; this information should be kept separate in your records. As the youth producer, the youth raising, showing and marketing the animal, you will sign this form to verify the health products administered to the animal while in YOUR care.

Step 1:

Obtain an Animal Health Record for your animal prior to purchase and complete the "Youth Producer" information box.

Step 4:

This step is to be kept up-to-date throughout the care and ownership of your animal when using ANY animal health-care products.

WITHDRAWAL TIME: is the amount of time from the last treatment until the animal can be marketed. It is found under the "warning section" of the label.

Step 5:

Record any feeds that contain medications and their withdrawal time from last feeding. Do not use any feed that is not specifically formulated for the specific species you are feeding.

Market Swine Health Record



Youth Producer:
 Name: Imma Winner
 Address: 11 Blue Ribbon Rd.
Champion, WA 98111
 Phone: (111)111-1111
 PQA Program: National-NPB
 Date Certified: 3/28/01
 Fair: Jr. Show

Animal Information (Obtain from producer):
 Identification #: 39 (Fair) - 1242 Sex: Girl
 Breed/Color: Hemp Comb
 DOB: 9/7/01 Date Weaned: N/A
 Sire PSS Gene Status: Positive Carrier
(please circle one) Negative Untested
 Born in: Canada (Country)

Date Purchased: 10/25/01
Purchased From:
 Name: Mr. Paul Procter
 Address: 222 Bacon Ln.
Park Chop, WA 22222
 Phone: (222) 222-2222
 PQA Certification: National-NPB
(not required)
 Date Certified: 2/8/00

"Produce healthy and safe pork products by being a knowledgeable and responsible producer"

Step 2:

Obtain breeder information. Be sure to include the date you purchased your project animal. Some breeders are involved in quality assurance programs. If so, include relevant information.

Step 3:

Obtain animal information from the breeder, such as identification number, breed, date of birth, etc. Be sure to leave enough space on the identification line for show number if tagged during show.

For Swine projects: If the breeder has knowledge of the sire's Porcine Stress Syndrome (PSS) gene status, include that information.

Step 6:

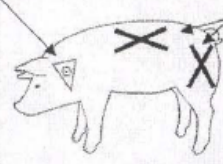
Youth and their parent or guardian will complete the certification box when they transfer the animal to the fair or show.

Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount and route of administration)	Drug's Lot Number	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label drug use, list the veterinarian's name, address, and phone.
10/25/01	Parasites	50#	Ivomec, 50, 1/2 cc	PC 096	Imma	35 days	11/29/01	
3/3/02	Lame front left foot	230#	Penicillin, 1M, 10 cc	4321462	Dr. Jones	11 days	3/14/02	Dr. Jones (111)111-1212
3/16/02	Cough/Hever	245#	Naxcel, 1M, 8cc	852145	Dr. Jones	0 days	3/16/02	" "

Medicated Feeds Remember to document ALL medicated feeds and withdrawal times

Dates Fed	Medication Name (Medication added/included in feed and approximate amount of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	Dates Fed	Medication Name (Medication added/included in feed and approximate amount of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)
10/25 - 11/25/01	Top Chow Starter Chocatebraze gel	7 days	12/2/02				

Give Subcutaneous (Sub-Q) injections and Intramuscular (IM) injections in the neck, in front of shoulder. If label indicates a choice, use Sub-Q (under the skin) injections.



NEVER- Inject in to the ham or loin

I certify that I produced this animal and I have listed ALL products and treatments they received while in my care, and all withdrawal times have been met.

Youth Signature: Imma Winner Date: 3/25/02
 Guardian Signature: Paul Procter Date: 3-25-02

Youth Producer's Copy

Prepared by: Sarah M. Smith, Jan Bushboom, and Jean Smith

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

NOTE: Many fairs and packing plants are requiring youth to verify health-product and feed compliance. 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 for potential violations that may result in a monetary fine and/or criminal prosecution. Keep a copy of the health record for at least six (6) months after sale, and preferably a year.

Prepared by: Sarah M. Smith, Area Animal Science Extension Agent, WSU