

Oregon 4-H Livestock Exhibitor Agreement

This agreement applies to all 4-H members currently enrolled in animal science projects. I recognize that it is a privilege to exhibit my projects and will abide by the following guidelines:

1. I am an officially enrolled member of a 4-H Club in the state of Oregon.
2. I have owned/leased my project animal(s) prior to the required County ownership deadline.

The official ownership date is the date shown on the bill of sale or receipt of sale, unless the animal was bred and owned, in which case, calving or birth records will be utilized. (Individual show rules may determine ownership requirements for non-market animals.) Registered breeding livestock must show the exhibitor or their immediate family as the sole owner of the animal on the breed association papers or certificates. In the case of leased animals, leases must be on file at the County Extension Office by the county ownership deadline.

3. I will continuously own my project(s). If I sell my animal, I understand I may not repurchase the animal and continue to show it in the current project year. I may not show a market animal which has been previously sold at a county, regional, or major livestock show auction or sale in which the ownership of the animal has changed hands after the county ownership date. Showing an animal for another individual by claiming ownership in order to show in a specific livestock class or event is prohibited.
4. I will do my own work and be responsible for the feeding and care of my animal(s).
5. My project is a reflection of my efforts. I will accept the results of judging with grace and demonstrate good sportsmanship at all times.
6. I will represent my animal(s) honestly and will abide by all county, state and show rules. I understand that treating an animal internally or externally in any way to misrepresent the true nature of the animal is prohibited.
7. I understand all medications administered during a fair must be under the guidance of a licensed veterinarian.
8. I agree to participate in drug testing if requested by show officials. Animals with residues of illegal drugs will be disqualified and I will be subject to repayment of any money received from the sale of that animal.
9. I will treat my animal(s) humanely and with respect and provide for their continuous well-being through proper feeding, handling, disease prevention, sanitation and attention to their safety. I know that animals showing any evidence of prolapse or mechanical repair will not be allowed in exhibition.
10. The Oregon 4-H Program reserves the final and absolute right to interpret these guidelines and to settle all matters, questions, and differences related to this agreement.

A breach of this agreement or violation of specific rules as designated by individual fairs and livestock shows may result in forfeiture of premiums and awards, disqualification, and may result in probationary status and/or loss of eligibility for future participation in organized livestock competition.

I am verifying that I have read and understand the above terms and the consequences of and penalties involved for illegal, unethical, inhumane, and unfair practices in livestock competition.

Exhibitor Signature

Date

Parent/Guardian Signature

Date

Fair Tag # _____

Country of Origin Affidavit

*For Morrow County 4-H and FFA exhibitor use.
Each market animal must have their own affidavit.*

This affidavit is to be used when your 4-H/FFA market animal is first bought. It requires the seller's (producer's) signature and the 4-H/FFA exhibitor's (buyer's) signature, not a parent's.

As an affidavit is deemed by USDA as an 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 or other communications specific to the transaction and transferred are of _____ origin. Should the origin of my livestock become other than that described above, I agree to notify the buyer/agent when this occurs.

This affidavit/declaration shall remain in effect until revoked in writing by the undersigned and is delivered to _____ (agent/buyer).

Signature **Date** **Business/Farm/Ranch Names/Location**

This affidavit is to be used when you transport your animal to the Morrow County Fair. It requires the 4-H/FFA exhibitor's (owner's) signature, not a parent's.

I attest that all livestock referenced by this document and transferred are of _____ origin.

Signature **Date**

This affidavit is for after the 4-H/FFA market animal has gone through the sale. It requires no 4-H/FFA exhibitor action.

I attest that _____ (Insert business name) has, and will maintain records of livestock origin for one year from the date of delivery of the livestock to the packer/buyer.

I attest that these records reflecting specific transactions are available for inspection for the sole purpose of compliance with an audit as described by the country-of-origin labeling provisions contained in the Farm Security and Rural Investment Act of 2002 as amended. (P.L. 108-767, USCA section 1638a, 2003).

Market Lamb Health Record

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

Animal Information (Obtain from producer):
 Identification #: _____
 Breed: _____
 Sex: _____
 DOB: _____
 Date Weaned: _____
 Sire ID: _____
 Born in: _____ (Country)
 Scrapie ID# _____
 Castration Date: _____

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

Date Purchased: _____
Purchased From: _____
 Name: _____
 Address: _____
 Phone: _____
 SSQA Certification: _____
 Date Certified: _____

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)

I attest that all livestock referenced by this document and transferred are of _____ origin.
 (country raised in, i.e USA)

Signature _____ Date _____

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

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