



# MARKET HEALTH RECORD

SPECIES (circle one): BEEF	SWINE	SHEEP	GOAT	SM ANIMAL
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**Youth Producer:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fair: \_\_\_\_\_

**Animal Information:**

Ear tag/Ear notch: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Date Purchased: \_\_\_\_\_ Breed/Color: \_\_\_\_\_

Purchased from (*farm name*): \_\_\_\_\_ State & Phone: \_\_\_\_\_

Born in \_\_\_\_\_ (country)

**YOUTH PRODUCERS ONLY LIST TREATMENTS ADMINISTERED WHILE UNDER YOUR CARE. DO NOT LIST TREATMENTS ADMINISTERED PRIOR TO PURCHASE.**

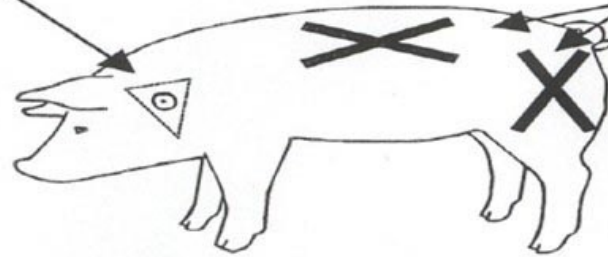
Treatments, Dewormers & Medicated Feed (Name, date, time)	Condition Being Treated	Treatment Administered (Medication dispensed, amount, and route administration)	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)

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

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

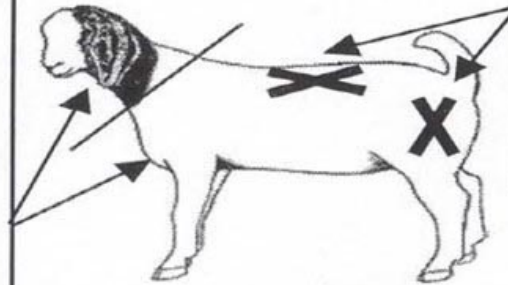
Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.



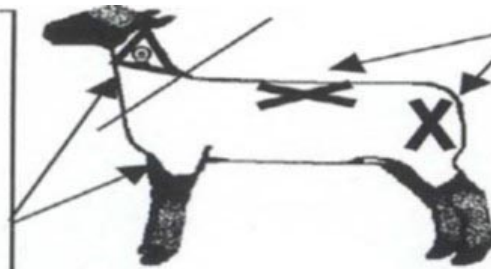
**NEVER-**  
Inject in to  
the ham or  
loin

Give **Subcutaneous (Sub-Q) injections** under loose skin of neck or front flank using 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.

Give **Subcutaneous (Sub-Q) injections** under loose skin of neck or front flank using 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.

Give **Subcutaneous (Sub-Q) injections** under loose skin of neck, 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 round  
or the loin  
area.

Country of Origin Affidavit/Declaration Statements  
(Cool Affidavit)

Continuous Country of Origin Affidavit/Declaration: *(This following affidavit could be used by any operation in the livestock chain attesting to the Country of Origin of livestock but particularly for first-level producers.)*

As an affidavit is deemed by USDA as an official record of Country of Origin, I attest through first-hand knowledge, normal business record, 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).

Ear Tag # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business/Farm/Ranch Names/Location

**Eastern Oregon Livestock Show/Union County Fair Auction Participant  
Market Hog Prohibited Feed Affidavit**

I \_\_\_\_\_ (print name) attest to the best of my knowledge, the following statement is true and correct regarding the market hog under my authority, direction, or ownership and which are supplied to the \_\_\_ EOLS Jr Market Auction or \_\_\_ UCF Jr Market Auction for slaughter.

My market hog has not been feed any fed containing the prohibited substance Ractopamine.

I agree that authorized Jr Market Auction officials may conduct inspection of feed records and feed facilities at locations from which my market hog under my direction (or ownership) are fed and which were raised with the intention of sale through the Jr Market Auction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4-H Club/FFA Chapter: \_\_\_\_\_ Phone: \_\_\_\_\_