

# Market Lamb Health Record

**Youth Producer:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 QA Program: \_\_\_\_\_  
 Date Certified: \_\_\_\_\_  
 Fair: \_\_\_\_\_

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

Date Purchased: \_\_\_\_\_  
 Purchased From:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 SSQA Program: \_\_\_\_\_  
(not required)  
 Date Certified: \_\_\_\_\_

*"Produce healthy and safe lamb 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 Rx or extra label drug use: List the Vet name, address & phone.

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

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

Dates Fed	Medication Name (Medication added/included in feed and approx. 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)

\_\_\_\_\_  
 Youth 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