

# Market Beef Health Record

Required for Fair Entry

Member is responsible for keeping accurate records.

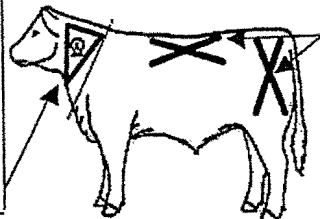
Youth Producer:	<del>Animal # (if member's animal is under 1 year old)</del>		Date Purchased:
	ID#	Import#	Purchased From:
Name:	Brand:	Location:	Address:
Address:	Breed/Color:		Phone:
Phone:	DOB:		
	Date Weaned:		

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)

Give Subcutaneous (Sub-Q) injections under loose skin of neck, using the tented method. Give Intra-muscular (IM) injections in the neck. If label indicates a choice, use Sub-Q (under the skin) injections.



**NEVER** inject into the round or loin area.

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

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

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

**IMPORTANT: This form due at Fair Weigh-In**