

Market Lamb Health Record

Member is responsible for keeping accurate records.

Required for Fair Entry

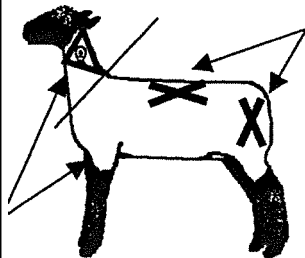
Youth Producer: Name: Address: Phone:	Animal Information (Obtain from Producer):		Date Purchased: Purchased From: Address: Phone:
	ID #	Import #	
	Scrapie ID#		
	Breed/Color:		
	DOB:		
Date Weaned:			

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 or front flank, 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 leg 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

Country of Origin Affidavit/Declaration

As an affidavit it 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 **United States of America** origin. Should the origin of my livestock become other than 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).
4-H/FFA member

Date

Seller (Printed)

Signature

Business/Farm/Ranch Name of Seller

Address

City, State, Zip Code