

Youth Producer:

Name:\_

## Producer Affidavit & Market Poultry Health Record

Producer Affidavit and Animal Information (Obtain from producer):

Herd Tag #/Ear Notch ID:

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71	2	,
	-(4)	

	7	Sarah M Smith	•	Data				nature:	Guardian Signature:
		Authors:	te:	Date:				ture:	Youth Signature:
ていり			ein (i.e. meat & eatments they nimal referred to	malian prot lucts and tre t that the ar	rohibited" mami listed ALL prod een met. I attes (country).	ed any "p and I have nes have b raised in_	s animal, it was not fed any "I tion, CFR Title 21, and I have nd all withdrawal times have I (country) origin and raised in	ed this egula are ar	I certify that I produce bone meal), per FDA r received while in my c by this document is of
injections in the neck.  If label indicates a choice, use Sub-Q (under the skin) injections over IM.	method. Give Intra-injections in the neck. If label indicates a cho (under the skin) injecti		responsible producer"						
Give Subcutaneous (Sub-Q) injections under loose skin of neck or front flanks, using the tented	Give Subcutaneous (Sub-Q) injections under loose skin of or front flanks, using the tente		and safe products by being a knowledgeable and	Withdrawal Complete (Date & Time)	Withdrawal Time (Instructed)	t of medication)	Medication Name feed and approximate amoun	Medication Name (Medication included in feed and approximate amount of medication)	times  Dates Fed (
			"Produce he	drawal	Remember to document ALL medicated feeds and withdrawai	medicate	ocument ALI	l., I	Medicated Feeds:
For prescription or extra label drug use, list the veterinarian's name, address, and phone.	Withdrawal Complete (Date & Time)	Withdrawal Time (Instructed)	Name (Person giving treatment)	Drug Lot Number	Treatment Administered (Medication dispensed, amount and route of administration)	Treatme (Medication route	Estimated Weight	Condition Being Treated	Treatments & Dewormers (Date & Time)
Producers"	dministered prior to purchase. —available at animalag.wsu.edu-"Youth Producers"	administered prior to purchase —available at animalag.wsu.ea	11 2	OT list treatm health form	your care. Do No	hile under cated feeds	dministered w nents or medi	Youth producers only list treatments administered while under your care. Do NOT list treatments If you need additional space for treatments or medicated feeds use supplemental health form page.	Youth produce If you need ac
	le	Print Name			gnature	Producer Signature	Pr		Sale Date:
	ffice Phone:	(Farm Name) Office Phone: City, State, Zip:	City		rom:	Purchased From: Address:			Fair Tag #:
	'le):	Premise ID (if available):	Premise		sed:	Date Purchased:	— Da	cation #:	QA Certification #:
(country) origin, and is (Youth Producer).	(coı	ment is of	to by this document is of	eferenced t	affidavit(s) that the animal referenced to by delivered to	affidavit(s) t delivered to	aff del	(if available):	Premise ID Phone:
nd knowledge, normal business records, or producer	business reco	dge, normal	r: t-hand knowled	Breed/Color hrough first	Hatch Date:Breed/Color: [ (original producer) attest through first-han	Hatch Date: original pro			Address:

discrimination may be reported through your local Extension Office. Extension programs and employment are available to all without discrimination. Evidence of

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