

Youth Producer:

Name: _____

Producer Affidavit & Market Beef Health Record

Producer Affidavit and Animal Information (Obtain from producer):

Ranch Tag #:______ Breed/Color: _____



Address: _			В	irth Date:_			Brand:		Location:			
				_	· ·	_		0 /		cords, or producer country) origin, and is		
) (if available):									(Youth Producer).		
	cation #:											
	Fair:Fair Tag #:				ed:): Office Phone:					
Fair Tag #												
Sale Date:			Pro	n ess ducer Sign	nature.		City, State, Zip: Print Name:					
	ers only list treatments ac Iditional space for treatn		ered wh	ile under y	our care. Do	NOT list treati	nents administer	red prior to pu	rchase.	uth Producers".		
Treatments & Dewormers (Date & Time)	Condition Being Treated	Estin Wei		(Medication dispensed, amoun			Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label drug use , list the veterinarian's name, address, and phone.		
_												
Medicated Fo	eeds: Remember to do	cument A	ALL me	dicated feed		wal times. Withdrawal	"Produce h	ealthy (Give Subcutane	eous (Sub-Q) injections		
	Medica	tion Nan				Complete	'imurawar		nder loose skin	of neck, using the		
Dates Fed ((Medication included in feed and approximate amount of medication) (Instruc					(Date & Time)	products by	Demz a	ing a tented method. Give Intra-muscular			
							knowledgea	Dic and	l andacetec e cheace was Namb () (under			
							respons	ין אועונ	the skin) injections over IM .			
							produce	er."	†	ons over five.		
bone meal),	t I produced this anima per FDA regulation, C ile in my care and all v	FR Tit	le 21, a	and I have	listed ALL p	roducts and t	reatments they			NEVER inject into the round		
	cument is of									or the loin		
•	ture:						•			area.		
Guardian Sig	Guardian Signature:				Date:					Authors: Sarah M. Smith, Jean Smith, and Jan Busboom		
	rtension programs and empl									C1054E revised November 200		

Producer Affidavit & Health Record Instructions

The WSU Extension publication *Producer Affidavit and Market Beef Health Record* is designed to help youth assure buyers, packers, and consumers that they are producing beef cattle that are safe for human consumption and comply with state and federal regulations pertaining to food animal production and sales. This document should reflect ALL treatments and care given while the animal is under YOUR care and ownership, including all animal health products and medicated feeds used. This document also serves as an affidavit to comply with mandatory Country of Origin Labeling (COOL). This is a legally binding document.

purchase. Complete the "Youth Producer" information box. Exhibitor is the *Youth Producer*. *Premise ID* is a unique seven digit number associated with an individual premises assigned through the voluntary National Animal Identification System (NAIS). The purpose of the NAIS is to locate exposed or infected animals in the event of an animal health emergency. To receive more information or sign

Step 1: Obtain this form for each

project market animal prior to

Step 4: Record feeds containing medications and their withdrawal time from last feeding. Do not use any feed that is not formulated for the specific species you are feeding.

up for your NAIS Premise ID #

contact Washington State Dept. of Agriculture at 360-725-5493.

Step 5: Youth and their parent/guardian need to complete and sign the verification box when the animal is transferred to the fair/show sale committee.

WASHING	GTON STATE UNIVE TENSION	RSITY		oducer a et Beef				(Beef Quality Assurance National Cattlemen's Beef Association
Premise Phone: QA Certi Fair: V	ducer: Imma Winner III Blue Ribbon Amplon, WA D (if available): X[1][1] III) ///- /// fication #: BOA-[/// Washington Fair #: WF-BIII :: August 15,200)	I I I I I I I I I I I I I I I I I I I	Ranch Tag # Birth Date:_ briginal pro idavit(s) th livered to _ te Purchase rchased Fr ldress: _ 22	t: 341 3/12/0× oducer) attest	through fire referenced winner	Brand: WSU st-hand knowle to by this docu Premis	edge, norr ment is of the ID (if ava	Location:	cords, or producer country) origin, and is (Youth Producer). (222 X (222) 222-2222 (A 22222
	cers only list treatments a additional space for treatn								uth Producers".
Treatments & Dewormers (Date & Time)	& Condition Being Estin		(Medication	t Administered dispensed, amount, of administration)	Drug Lot Number	Name (Person giving treatment)	Withdrav Time (Instructed	Complete	For prescription or extra label drug use, list the veterinarian's name, address, and phone.
12/15/0X	Parasites	700 lbs	Tyomee,	Paur-On, 34ml	11/027/3	Imma	48da	15 2/1/0X	
12/15/0X	Growth Promotion	700 /los	Ralgro, Ear	Implant, 36mg	R27169	Imma	Oday	5 12/15/0X	Dr. Iva Cure
2/4/0x	Bloody Diarrhea	825 lbs	aythacy	dine, IM, 15c	27893IV	Dr. Cure	28day	5 3/4/0x	Champion, WA 11-12/2
5/1/0X	Parasites	1950 (bs.	Iyomec, F	auron, 48ml	11/627/3	Imma	48 day	5 6/18/0x	
Medicated 1	Feeds: Remember to do	cument ALL m	edicated feed			"Produce h	oolthy	Give Subcutane	eous (Sub-Q) injections
Dates Fed	Medical (Medication included in feed and a	tion Name pproximate amount	of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	and safe beef products by being a knowledgeable and		under loose skin of neck, using the tented method. Give Intra-muscular (IM) injections in the neck. If label	
MAIO- NIOJOK	THE SEEL SHAN, TO	Osppin	Valle	orb/ox	responsible producer."		indicates a choice, use Sub-Q (under the skin) injections over IM.		

Step 2: Obtain information about the breeder/seller and identification of the animal. Record animal's fair ID # and sale date in "Youth Producer" box as they become available.

USDA mandatory *Country of Origin Labeling (COOL)* requires animals sold to commercial meat processors for retail sales have written documentation to verify country of origin. First-hand producer must sign here to verify and comply with COOL requirements.

Step 3: Keep this step up-to-date during the ownership and care of your animal when using ANY animal health care products. Only list treatments administered while under your care. Do not list treatment given prior to purchase.

WITHDRAWAL TIME: The amount of time from the last treatment until the animal can be marketed for harvest. It is found under the "warning section" of the label.

inject into

the round

or the loin

NOTE: Many fairs and packing plants are requiring youth to verify health product and feed compliance and submit a signed affidavit to verify country of origin. You may not be able to sell project animals at the fair or livestock show if you do not accurately complete the project animal health record. Animals are randomly tested and trace-back audits are conducted to identify potential violations that may result in a monetary fine and/or criminal prosecution. Keep a copy of the health record for at least one (1) year after the sale or harvest of the animal.

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

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. I attest that the animal referred

(country) origin and raised in

to by this document is of

Youth Signature:_

Guardian Signature: