

MARKET BEEF HEALTH RECORD



☼ C1054E

Youth Producer:
 Name: _____
 Address: _____

 Phone: _____
 QA Program: _____
 Date Certified: _____
 Fair: _____

Animal Information (Obtain from producer):
 Identification #: _____
 Brand: _____ Location: _____
 Breed/Color: _____
 DOB: _____ Castration Date: _____
 Date Weaned: _____ Sire ID: _____
 Born in: _____ (Country)

Date Purchased: _____
Purchased from:
 Name: _____
 Address: _____

 Phone: _____
 QA Certification: _____
 (not required)
 Date Certified: _____

"Produce healthy and safe beef products by being a knowledgeable and responsible producer."

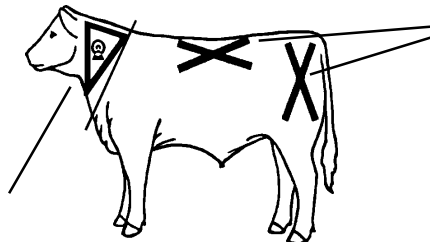
Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount, and route of administration)	Drug's Lot Number	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label drug use, list the veterinarian's name, address, and phone.

MEDICATED FEEDS *Remember to document ALL medicated feeds and withdrawal times.*

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

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Give **Subcutaneous (Sub-Q)** injections under loose skin of neck using 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 round or loin area.

I certify that I produced this animal, that 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.

Youth Signature: _____ Date _____
 Guardian Signature: _____ Date _____

Prepared by: Sarah M. Smith, Jan Busboom, and Jean Smith

Youth Producer Health Record Instructions

Goal: These records should reflect ALL treatment and care given while the animal is under YOUR care, including all animal health products and medicated feeds used.

DO NOT include health products administered by the breeder or seller of the animal; this information should be kept separate in your records. As the youth producer, the youth raising, showing and marketing the animal, you will sign this form to verify the health products administered to the animal while in YOUR care.

Step 1:

Obtain an Animal Health Record for your animal prior to purchase and complete the "Youth Producer" information box.

Step 4:

This step is to be kept up-to-date throughout the care and ownership of your animal when using ANY animal health-care products.

WITHDRAWAL TIME:


is the amount of time from the last treatment until the animal can be marketed. It is found under the "warning section" of the label.

Step 5:

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

COOPERATIVE EXTENSION
WASHINGTON STATE
UNIVERSITY

Market Beef Health Record



Youth Producer:
Name: Imma Winner
Address: 111 Blue Ribbon Rd. Champion, WA 11111
Phone: (111) 111-1111
QA Program: Grant County
Date Certified: 2/2/02
Fair: Jr. Show-M.L.

Animal Information (Obtain from producer):
Identification #: Fair-26 Herd-179
Brand: Mg Location: LH
Breed/Color: Angus X-Black
DOB: 1/2/02 Castration Date: 3/15/02
Date Weaned: 7/20/02 Sire ID: PG 32111
Born in: United States-WA (Country)

Date Purchased: 9/20/02
Purchased From:
Name: Mr. Proud Producer
Address: 222 Hamburger Ln. Steak, WA 22222
Phone: (222) 222-2222
QA Certification: WA-MQA
(not required)
Date Certified: 1/23/01

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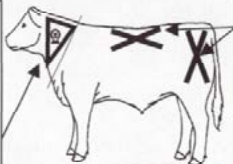
Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount and route of administration)	Drug's Lot Number	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label drug use, list the veterinarian's name, address, and phone.
9/23/02	Parasites	750	Ivomec-Pour On 34 mL	IV62713	Imma	0 days	9/23/02	
9/23/02	Growth Promotive	750	Ralgro-Ear Implant 15mg	R271614	Imma	0 days	9/23/02	
12/7/02	Bloody Diarrhea	850	Oxytetracycline, IM 15mL	Z 789314V	Dr. Jones	14 days	12/21/02	Dr. Jones (111) 111-1111
12/7/02	Fever	850	Sulfax Dimethoime Oral 15gm	S4911624	Dr. Jones	30 days	1/7/03	Dr. Jones
3/1/03	Parasites	1200	Ivomec-Pour On 55mL	IV79413	Imma	0 days	3/1/03	

Medicated Feeds Remember to document ALL medicated feeds and withdrawal times

Dates Fed	Medication Name (Medication added/included in feed and approximate amount of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)
9/23/02-4/15/03	Top Steer Chow Rumineln 30g/ton	0 days	4/15/02

Dates Fed	Medication Name (Medication added/included in feed and 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 Intramuscular (IM) injections in the neck. If label indicates a choice, use Sub-Q (under the skin) injections.



Youth Producer's Copy

NEVER-Inject into the round or the 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 they received while in my care and all withdrawal times have been met.

Youth Signature: Imma Winner Date: 4/15/03
Guardian Signature: Noel Winner Date: 4/15/03

Prepared by: Sarah M. Smith, Jan Busboom, and Jean Smith
Cooperative Extension programs and employment are available to all without discrimination. Evidence of discrimination may be reported through your local Cooperative Extension Office.

Step 2:

Obtain breeder information. Be sure to include the date you purchased your project animal. Some breeders are involved in quality assurance programs. If so, include relevant information.

Step 3:

Obtain animal information from the breeder, such as identification number, breed, date of birth, etc. Be sure to leave enough space on the identification line for show number if tagged during show.

For Steers: Include brand and location (L=left, R=right, H=hip, S=shoulder, and R=rib). Example: RH = right hip brand. Include preconditioning if provided.

Step 6:

Youth and their parent or guardian will complete the certification box when they transfer the animal to the fair or show.

*****VERY IMPORTANT**--It is against federal regulations to feed prohibited mammalian protein, such as ruminant meat and bone, to ruminant animals (cattle, sheep, or goats).***

NOTE: Many fairs and packing plants are requiring youth to verify health-product and feed compliance. 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 for potential violations that may result in a monetary fine and/or criminal prosecution. Keep a copy of the health record for at least six (6) months after sale, and preferably a year.