

Producer Affidavit & Market Beef Health Record



C1054E

Youth Producer:
 Name: _____
 Address: _____
 Premise ID (if available): _____
 Phone: _____
 QA Certification #: _____
 Fair: _____
 Fair Tag #: _____
 Sale Date: _____

Producer Affidavit and Animal Information (Obtain from producer):
 Ranch Tag #: _____ Breed/Color: _____ Location: _____
 Birth Date: _____ Brand: _____
 I (original producer) attest through first-hand knowledge, normal business records, or producer affidavit(s) that the animal referenced to by this document is of _____ (country) origin, and is delivered to _____ (Youth Producer).
 Date Purchased: _____ Premise ID (if available): _____
 Purchased From (Farm Name): _____ Office Phone: _____
 Address: _____ City, State, Zip: _____
 Producer Signature: _____ Print Name: _____

If you need additional space for treatments or medicated feeds, use supplemental health form page—available at animalag.wsu.edu—"Youth Producers".

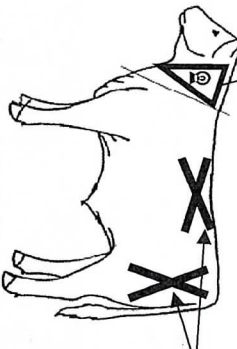
Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount, and route of administration)	Drug Lot Number	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label 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 included in feed and approximate amount of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)

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

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 over IM.



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. I attest that the animal referred to by this document is of _____ (country) origin and raised in _____ (country).
 Youth Signature: _____ Date: _____
 Guardian Signature: _____ Date: _____

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.

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EXTENSION

Producer Affidavit & Market Beef Health Record



Step 1: Obtain this form for each project market animal prior to 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 up for your NAIS Premise ID # contact Washington State Dept. of Agriculture at 360-725-5493.

Youth Producer:
 Name: Laura Winner
 Address: 111 Blue Ribbon Ln
Wenatchee, WA
 Premise ID (if available): X111111
 Phone: (509) 838-1111
 QA Certification #: 2004-1111
 Fair: Washington Fair
 Fair Tag #: WF-1311
 Sale Date: August 15, 2005

Producer Affidavit and Animal Information (Obtain from producer):
 Ranch Tag #: 341 Breed/Color: Angus Cross - Black & White Face Location: WA
 Birth Date: 3/12/05 Brand: MSU
 I (original producer) attest through first-hand knowledge, normal business records, or producer affidavit(s) that the animal referenced to by this document is of U.S. (country) origin, and is delivered to Laura Winner
 Date Purchased: 2/10/05 Premise ID (if available): X20022222
 Purchased From (Farm Name): Quilley Cattle Ranch Office Phone: (509) 232-2222
 Address: 222 Ryherd Rd City, State, Zip: Ellensburg, WA 99922
 Producer Signature: Steve Johnson Print Name: Steve Johnson

Youth producers only list treatments administered while under your care. Do NOT list treatments administered prior to purchase. If you need additional space for treatments or medicated feeds, use supplemental health form page—available at animalid.wsu.edu "Youth Producers".

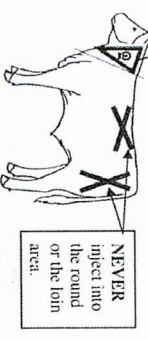
Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication, dosage, amount, and route of administration)	Drug Lot Number	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label drug use, list the veterinarian's name, address, and phone.
12/15/05	Parasites	700 lbs	Isomax 1000 mg/ml	1112213	Tanya	48 days	5/1/06	98 lbs tag
12/15/05	Respiratory	700 lbs	Baytrac 2.5% (100 mg/ml)	K-2119	Tanya	48 days	5/1/06	98 lbs tag
12/15/05	Respiratory	700 lbs	Baytrac 2.5% (100 mg/ml)	K-2119	Dr. Dave	48 days	5/1/06	98 lbs tag
12/15/05	Parasites	700 lbs	Isomax 1000 mg/ml	1112213	Tanya	48 days	5/1/06	98 lbs tag

Medicated Feeds: Remember to document ALL medicated feeds and withdrawal times.

Dates Fed	Medication Name (Medication included in feed and approximate amount of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)
12/15/05	Top Star Chew Supplement 30ppm	45 days	5/1/06

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 to by this document is of U.S. (country) origin and raised in U.S. (country).
 Youth Signature: Laura Winner Date: 8/15/06
 Guardian Signature: Steve Johnson Date: 8/15/06

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 Authors: Sarah M. Smith, Jean Smith, and Jan Boshorn
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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.

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.

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.

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.

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