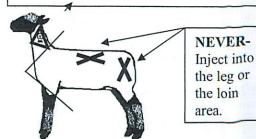
University of Idaho Extension Valley County PO Box 510

Producer Affidavit & Market Lamb Health Record

| | PO Box 510 Cascade, ID 83611 | ż | | Toducer Aim | uavit | X IVIAI K | et Lain | D IICan | in Record | |
|--------------------------------------|------------------------------------|---|--|--|--|--------------------------------------|------------------------------------|---|--|--|
| Youth Producer: Name: | | | Producer Affidavit and Animal Information (Obtain from producer): Flock Tag #: Scrapie ID#: | | | | | | | |
| Address: | | | B | Birth Date: | Breed | d: | | Sex: | 100 | |
| Premise ID (if available): | | | | Flock Tag #: Scrapie ID#: Birth Date: Breed: Sex: I (original producer) attest through first-hand knowledge, normal business records, or producer affidavit(s) that the animal referenced to by this document was born and raised in | | | | | | |
| Phone:QA Certification #:Fair: | | | Dat | Date Purchased: Premise ID (if available): | | | | | | |
| Fair Tag #: | Fair Tag #:Sale Date: | | Add | dress: | (Farm Name) Office Phone: City, State, Zip: Print Name | | | | | |
| | | | tered wl | hile under your care. Do NC ated feeds use supplemental | OT list treatn | nents administere | ed prior to pur | chase. | | |
| Treatments & Dewormers (Date & Time) | Associated Condition(s) Being E | | mated eight | 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. | |
| | | | | | | | | | | |
| Madiantal Fa | ada. D. J. J. | | 47.7 | 1: 1 1 1 1 1 1 1 1 | 1 | | | | | |

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

Give Subcutaneous (Sub-Q) injections under loose skin of neck or front flanks, using the tented method. Give Intramuscular (IM) injections in the neck. If label indicates a choice, use Sub-Q (under the skin) injections over IM.



Authors: Sarah M. Smith, Jean Smith, and Jan Busboom Revised and published November 2008

Producer Affidavit & Health Record Instructions

The WSU Extension publication Producer Affidavit and Market Lamb Health Record is designed to help youth assure buyers, packers, and consumers that they are producing lamb products 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.

| | _ |
|-------------------------------------|---|
| Step 1: Obtain this form for each | Γ |
| project market animal prior to | ı |
| purchase. Complete the "Youth | ı |
| Producer" information box. | l |
| Exhibitor is the Youth Producer. | ı |
| Premise ID is a unique seven | l |
| digit number associated with an | ı |
| individual premises assigned | l |
| through the voluntary National | ı |
| Animal Identification System | |
| (NAIS). The purpose of the | |
| NAIS is to locate exposed or | ı |
| 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. | |
| | |
| 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 | |

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.

you are feeding.

| Premise Phone: QA Certi Fair: Fair Tag Sale Date | ducer: I may Winner III Blue Richard ampion, Wh IIII III (if available): XIIIII III (if available): XIIII III (if available): XIIIII III (if available): XIIII III (if available): XIIIII III (if available): XIIII III (if available): XIIIII III (if available): XIIII III (if available): XIII (if available): XIIII III (if available): XII | I (c affidel Dar Pur Ad Pro | Flock Tag # Birth Date: priginal pr idavit(s) th ivered to te Purchase rchased Fr dress: 22 pducer Sig | 2/3/bx 2/3/bx at the animal an | Bree through fir referenced | Premis Premis Cit | edge, norm ment is of the ID (travation of the ID) (Farm Name y, State, Zi | Sex: al business re lais. business re lais. coffice Phone pr. | Genale, cords, or producer (mantry) origin, and (Youth Produc 2222 (2222-222 VP 22222 Producer |
|---|--|--|--|--|---|--|--|---|---|
| Treatments & Dewormers (Date & Time) (e)15/0X | Condition Being Treated Parasitas Derestras Lame Karrens Fear | Estimated Weight 90 lbs 90 lbs 100 lbs | Treatment (Medication of | at Administered dispersed, amount and administration) 2. Deal, 300 17. SO, 2mb. 1M, 400 | | Name (Person giving (Person giving (Person) (Person giving (Person) (Person | Withdrawa Time (Instructed) Tiday 21day 28 days | | In Producers' For prescription or ext. Table drug use, list the veterinarian's same, adde and phone. Or: 100. Cure. Transpoor, Will-In- |
| Medicated I Dates Fed | Ceeds: Remember in doc Medication included in food and an Top Lamb Char, Lass | ion Name | | | wal times Withdrawal Complete (Date & Time) | "Produce he and safe is products by i knowledgeah responsil produce | oreing a unle and in literal | nder loose skin sing the tented i uscular (IM) i label indicates | bus (Sub-Q) injection of neck or front flank method. Give Intra- njections in the neck. a choice, use Sub-Q njections over IM. |
| received what to by this de Youth Signa Guardian Si | / | thdrawal tin | and I have nes have be try) origin | listed ALL pro- cen met. I atto and raised in | Date | reatments they mimal referred (country) c: \$\frac{\beta}{15\beta}\circ\chi \text{\$\cong \frac{\beta}{15\beta}\chi \text{\$\cong \chi}\text{\$\cong \chi} | | by Sarah M. Sunti | NEVER Inject in the leg o the loin area. |

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 documentations 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: is 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.

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.

Authors: Sarah M. Smith and Jean Smith, Area Animal Science Extension Educators