



MARKET ANIMAL HEALTH RECORD SUPPLEMENT

Youth Producer Name: _____

Physical Address: _____

Phone Number: _____ Date Purchased: _____

Purchased From: _____

(Name, Address, Phone Number)

Only list treatments administered while under your care, it is not necessary to list treatments prior to the date you purchased the animal.

Date	Animal ID	Condition Being Treated	Estimated Weight	Product Name	Drug Lot #	Dosage	Route of Administration (Sub-Q, IM, IV, OR)	Completed Withdraw Date	Name (Person giving treatment)

(Add additional pages as needed)

Medicated Feeds

Dates Fed	Medication Name	Withdrawal Time (Days)	Withdrawal Complete (Date)	Prescribing Veterinarian

I certify that I produced this animal and followed proper quality assurance practices including using proper injection types, using only products labeled for my specific animal species, and adhered to all withdrawal times for the above listed products.

Youth Signature _____ Date _____

Parent Signature _____ Date _____