## University of Idaho Extension Valley County

Guardian Signature:

## Producer Affidavit & Market Swine Health Record



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

	Cascade, ID 83611						No.	SECURE STATE OF THE PARTY OF TH	A STATE OF THE PARTY OF THE PAR		
Youth Producer: Name:			Producer Affidavit and Animal Information (Obtain from producer):  Herd Tag #/ Ear Notch ID: Sex:  Birth Date: Breed/Color:								
Address:		<del>^</del> F	Rirth Date:	Lai Notell ID.	Breed/Colo			Sex			
riddress.		—   I	riginal pro	dugar) attact t	breed/Colo	at hand lengue	J	-11.			
Dromino II	) (:f::1-1-1-);	1 (0	derite the	oducer) attest t	nrough Hr	st-nand knowle	eage, norm	al business rec	cords, or producer		
Premise ID (if available):			affidavit(s) that the animal referenced to by this document is of (country) origin, and is delivered to (Youth Producer).								
OA Cartif	: 4: II	dei	ivered to _						(Youth Producer).		
Phone:QA Certification #:			Date Purchased: Premise ID (if available):								
Fair:			Purchased From: (Farm Name) Office Phone:								
Fair: Fair Tag #:			Purchased From: (Farm Name) Office Phone: Address: City, State, Zip:								
Sale Date:		— Pro	Producer Signature Print Name								
1000	AN EXPOSE										
Youth produce	ers only list treatments ac	lministered wi	hile under y	our care. Do No	OT list treatn	nents administere	ed prior to p	urchase.			
If you need a	dditional space for treatn	nents or medic	ated feeds u	ise supplemental	health form	page—available	at animala	g.wsu.edu-"You	th Producers"		
Treatments &				t Administered		Name	Withdraw		For prescription or extra		
Dewormers	Condition Being	Estimated	(Medication dispensed, amount and route of administration)		Drug Lot Number	(Person giving treatment)	Time	Complete	label drug use, list the veterinarian's name, address,		
(Date & Time)	Treated	Weight					(Instructed)	(Date & Time)	and phone.		
										$\exists$	
										$\dashv$	
Medicated F	eeds: Remember to doc	rument ALL me	edicated feed	ds and withdrawa	al times						
		ement 1122 me	surearea jeec		Vithdrawal	//5	[	Tive Subcutaneo	ous (Sub-O) injections	٦	
D . E .	Medication Nan				Complete	"Produce healthy and safe pork		Give Subcutaneous (Sub-Q) injections under loose skin of neck or flanks, using			
Dates Fed	(Medication included in feed and a	pproximate amount	te amount of medication) (Instructe		Date & Time)			he tented method			
						products by h	peing a		njections in the neck.	;;).	
					11.9	knowledgeab			a choice, use Sub-O		
						responsib			njections over IM.		
						producer"		1	Total of the Life.		
			111		11	-		1	NEVER-		
							_ /		Inject into		
I certify that	t I produced this anima	al and I have	listed ALL	products and t	reatments t	hey received	15	0	the ham or		
while in my care/ownership and all withd			times have	been met. I at	test that the	e animal the loin					
referred to b	oy this document is of _	(	country) ori	gin and raised	in	(country).		1	area.		
Youth Signa			,		Dat			<i>U</i> ) <i>J</i>	U)   Larea.	_	

Date:

## Producer Affidavit & Health Record Instructions

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

WASHING	TON STATE UNIVE ENSION	RSTTY	Producer Market Swin			rd [	Qual	lity Assurance
Address: Premise ID Phone: QA Certific Fair: Fair Tag #: Sale Date:	Minner Winner Block Buchen WA WILL Color WA WILL COLOR WAS A WILL COLOR WAS A STATE OF THE WAS A STATE OF TH	Le I (aff del Da Pur Add Pro	oducer Affidavit and Ani Herd Tag # Ear Notch ID: Birth Date: #25   0 × 0  original producer) attest idavit(s) that the animal livered to #25   0 × 0  te Purchased: #05   0  dress: #22   0  ducer Signature #10	Breed/Cole through fir referenced	Premis	edge, norma ment is of	Sex: Cold	cords, or producer country) origin, and is (Youth Producer).
Youth produce If you need ad Treatments & Dewormers (Date & Time)	rs only list treatments as ditional space for treatm Condition Being Treated	Estimated	hile under your care. Do No cated feeds use supplementa. Treatment Administered (Medication dispensed, amount and	Drug Lot	Name (Person giving	ed prior to pue e at animalag Withdrawa	wsu.edu-"You	th Producers'  For prescription or extra label drug use, list the vetermarian's name, address,
5/25/0X 7/3/0X 7/16/0X	Parasites	75 lbs 230 lbs	Tromee, SQ, Ice. Penicillin, IM, Ice. Name! IM, Rec.	Number PC 096 6321462	Imme Dr. Cure	(Instructed) 35 days 11 days	(Date & Time)  tologiose 7/14/05	In I for Cure
Dates Fed o		tion Name pproximate answers  badox 50	edicated feeds and withdrawa Withdrawal V Time (Instructed) (1	al times Withdrawal Complete (Dute & Time)	"Produce he and safe p products by I knowledgeab responsil produces	ork ur being a th de and m ble lf	ive Subcutanes ider loose skin e tented method uscular (IM) in label indicates	ous (Sub-Q) injections of neck or flanks, using
Youth Signat	are/ownership and all	withdrawal anada (	A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. AND POSSIBLE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. AND POSSIBLE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	test that the inDat	a national		/×	NEVER-Inject into the ham or 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.

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