EXTENSION
UtahStateUniversity

Market Lamb Health Record

Animal Information:

Tag #_____ Scrapie ID #_____

Breed_____ _____ Sex:_____

DOB_____

Purchased From: _____ Date:_____

Name:_____ Phone:_____

Address:_____

_____

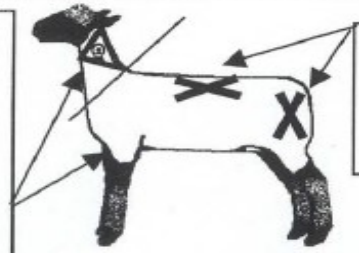
Treatments and Dewormers (Date & Time)	**Condition Being Treated**	**Estimated Weight**	**Treatment Administered** (Medication dispensed, amount and route of administration)	**Drug's Lot Number**	**Name** (person giving treatment)	**Withdrawal Time** (Instructed)	**Withdrawal Complete** (Date & Time)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

Medicated Feeds Remember to document ALL medicated feeds and withdrawal times

Date Fed	**Medication Name** (Medication added/ included in feed and approximate amount of medications	**Withdrawal Time** (Instructed)	**Withdrawal Complete** (Date and time)

Date Fed	**Medication Name** (Medication added/ included in feed and approximate amount of medications	**Withdrawal Time** (Instructed)	**Withdrawal Complete** (Date and time)

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



NEVER- Inject into the leg or 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:_____ Date:_____

Guardian Signature:_____ Date:_____

Youth Producer's Copy

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

EXTENSION
UtahStateUniversity

Market Goat Health Record

Animal Information:

Tag #_____ Scrapie ID #_____

Breed_____ _____ Sex:_____

DOB_____

Purchased From: _____ Date:_____

Name:_____ Phone:_____

Address:_____

_____

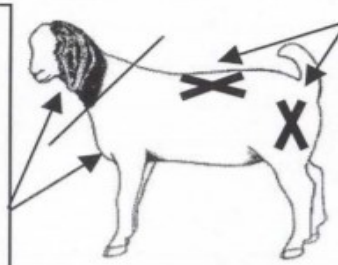
Treatments and Dewormers (Date & Time)	**Condition Being Treated**	**Estimated Weight**	**Treatment Administered** (Medication dispensed, amount and route of administration)	**Drug's Lot Number**	**Name** (person giving treatment)	**Withdrawal Time** (Instructed)	**Withdrawal Complete** (Date & Time)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

Medicated Feeds Remember to document ALL medicated feeds and withdrawal times

Date Fed	**Medication Name** (Medication added/ included in feed and approximate amount of medications	**Withdrawal Time** (Instructed)	**Withdrawal Complete** (Date and time)

Date Fed	**Medication Name** (Medication added/ included in feed and approximate amount of medications	**Withdrawal Time** (Instructed)	**Withdrawal Complete** (Date and time)

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



NEVER- Inject into the leg or 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:_____ Date:_____

Guardian Signature:_____ Date:_____

Youth Producer's Copy

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

EXTENSION
UtahStateUniversity

Market Swine Health Record

Animal Information:

Tag #_____Sex:_____

Breed:_____ _____ Color:_____

DOB_____

Purchased From: _____ Date:_____

Name:_____ Phone:_____

Address:_____

_____

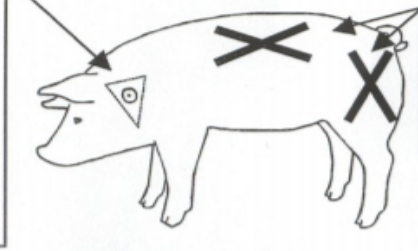
Treatments and Dewormers (Date & Time)	**Condition Being Treated**	**Estimated Weight**	**Treatment Administered** (Medication dispensed, amount and route of administration)	**Drug's Lot Number**	**Name** (person giving treatment)	**Withdrawal Time** (Instructed)	**Withdrawal Complete** (Date & Time)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

Medicated Feeds Remember to document ALL medicated feeds and withdrawal times

Date Fed	**Medication Name** (Medication added/ included in feed and approximate amount of medications	**Withdrawal Time** (Instructed)	**Withdrawal Complete** (Date and time)

Date Fed	**Medication Name** (Medication added/ included in feed and approximate amount of medications	**Withdrawal Time** (Instructed)	**Withdrawal Complete** (Date and time)

Give **Subcutaneous (Sub-Q) injections** and **Intramuscular (IM) injections** in the neck, in front of shoulder. If label indicates a choice, use **Sub-Q** (under the skin) injections.



NEVER- Inject in to the ham or loin

I certify that I produced this animal and I have listed ALL products and treatments they received while in my care, and all withdrawal times have been met.

Youth Signature:_____Date:_____

Guardian Signature:_____Date:_____

Youth Producer's Copy

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

EXTENSION
UtahStateUniversity

Market Beef Health Record

Animal Information:

Tag #_____Brand/Location_____

Breed/Color:_____ _____ Sex:_____

DOB_____

Purchased From: _____ Date:_____

Name:_____ Phone:_____

Address:_____

_____

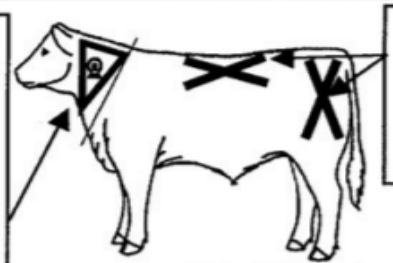
Treatments and Dewormers (Date & Time)	**Condition Being Treated**	**Estimated Weight**	**Treatment Administered** (Medication dispensed, amount and route of administration)	**Drug's Lot Number**	**Name** (person giving treatment)	**Withdrawal Time** (Instructed)	**Withdrawal Complete** (Date & Time)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

Medicated Feeds Remember to document ALL medicated feeds and withdrawal times

Date Fed	**Medication Name** (Medication added/ included in feed and approximate amount of medications	**Withdrawal Time** (Instructed)	**Withdrawal Complete** (Date and time)

Date Fed	**Medication Name** (Medication added/ included in feed and approximate amount of medications	**Withdrawal Time** (Instructed)	**Withdrawal Complete** (Date and time)

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.



NEVER- Inject into the round or the loin area.

Youth Producer's Copy

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:_____Date:_____

Guardian Signature:_____Date:_____

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