

Producer Affidavit & Market Lamb Health Record

Youth Producer:
 Name: _____
 Address: _____

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

Producer Affidavit and Animal Information (Obtain from producer):
 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 _____ (country), and was delivered to _____ (Youth Producer).
 Date Purchased: _____ Premise ID (if available): _____
 Purchased From: _____ (Farm Name) Office Phone: _____
 Address: _____ City, State, Zip: _____
 Producer Signature _____ Print Name _____

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 animalag.wsu.edu—“Youth Producers”

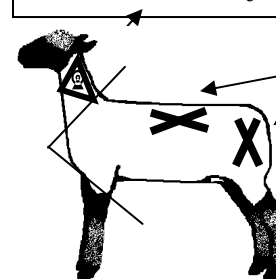
| Treatments & Dewormers (Date & Time) | Associated Condition(s) Being Treated | Estimated Weight | Treatment Administered (Medication dispensed, amount and route of administration) | Drug Lot Number | Name (Person giving treatment) | Withdrawal Time (Instructed) | Withdrawal Complete (Date & Time) |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



NEVER- Inject into the leg 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: _____

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 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.

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.

WASHINGTON STATE UNIVERSITY EXTENSION

Producer Affidavit & Market Lamb Health Record

Youth Producer:
 Name: Emma Winner
 Address: 111 Blue Ribbon Ln
Champion, WA 11111
 Premise ID (if available): X111111
 Phone: (111) 111-1111
 QA Certification #: SOA 1111
 Fair: Washington Fair
 Fair Tag #: WFLS111
 Sale Date: August 15, 200X

Producer Affidavit and Animal Information (Obtain from producer):
 Flock Tag #: X074 Scrapie ID#: WA222222-679
 Birth Date: 2/3/0X Breed: Suffolk X Hamp Sex: Female
 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 Emma Winner (Youth Producer).
 Date Purchased: 6/10/0X Premise ID (if available): X22222X
 Purchased From: Quality Sheep Farm (Farm Name) Office Phone: (222) 222-2222
 Address: 222 Lamb Chop Rd. City, State, Zip: Rain, WA 22222
 Producer Signature: Proud Producer Print Name: Proud Producer

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 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. |
|--------------------------------------|---|------------------|---|-----------------|--------------------------------|------------------------------|-----------------------------------|---|
| <u>6/15/0X</u> | <u>Parasites</u> | <u>90 lbs</u> | <u>Valbazem, Oral, 3cc</u> | <u>Z218P6</u> | <u>Emma</u> | <u>7 days</u> | <u>6/22/0X</u> | |
| <u>6/15/0X</u> | <u>Over Eating - Intestinal Parasites</u> | <u>90 lbs</u> | <u>Clasb C&D T, SQ, 2ml</u> | <u>B67923</u> | <u>Emma</u> | <u>2 days</u> | <u>7/6/0X</u> | |
| <u>6/30/0X</u> | <u>Lame R. Front Foot Foot Rot</u> | <u>100 lbs</u> | <u>Nuflor, IM, 4cc</u> | <u>Q821798</u> | <u>Dr. Cure</u> | <u>28 days</u> | <u>7/28/0X</u> | <u>Dr. Iva Cure, Champion, WFL-11-122</u> |

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) |
|---------------------|--|------------------------------|-----------------------------------|
| <u>6/10-8/15/0X</u> | <u>Top Lamb Chox, Lasalocid, 30g/ton</u> | <u>0 days</u> | <u>8/15/0X</u> |

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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: Emma Winner Date: 8/15/0X
 Guardian Signature: Joak Winner Date: 8/15/0X

Prepared by: Sarah M. Smith, Jean Smith, and Jan Bushboom
 Extension programs and employment are available to all without discrimination. Evidence of discrimination may be reported through your local Extension Office.

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

The information given herein is for educational purposes only.

References to commercial products or trade names are made with the understanding that no discrimination is intended and no endorsement by WSU Extension is implied.