

# Market Beef Health Record



**Youth Producer:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 QA Program: \_\_\_\_\_  
 Date Certified: \_\_\_\_\_  
 Fair: \_\_\_\_\_

**Animal Information (Obtain from producer):**  
 Identification #: \_\_\_\_\_  
 Brand: \_\_\_\_\_ Location: \_\_\_\_\_  
 Breed/Color: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Castration Date: \_\_\_\_\_  
 Date Weaned: \_\_\_\_\_ Sire ID: \_\_\_\_\_  
 Born in: \_\_\_\_\_ (Country)

**Date Purchased:** \_\_\_\_\_  
**Purchased From:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 QA Certification: \_\_\_\_\_  
 (not required)  
 Date Certified: \_\_\_\_\_

**“Produce healthy and safe beef products by being a knowledgeable and responsible producer”**

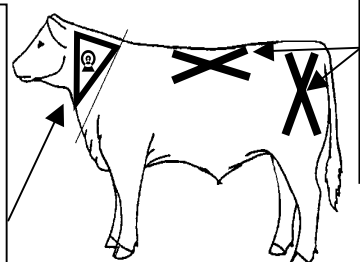
| Treatments & Dewormers<br>(Date & Time) | Condition Being Treated | Estimated Weight | Treatment Administered<br>(Medication dispensed, amount and route of administration) | Drug's Lot Number | Name<br>(Person giving treatment) | Withdrawal Time<br>(Instructed) | Withdrawal Complete<br>(Date & Time)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

**Medicated Feeds** *Remember to document ALL medicated feeds and withdrawal times*

| Dates Fed | Medication Name<br>(Medication added/included in feed and approximate amount of medication) | Withdrawal Time<br>(Instructed) | Withdrawal Complete<br>(Date & Time) |
|-----------|---|---------------------------------|--------------------------------------|
|           |   |                                 |                                      |
|           |   |                                 |                                      |

| Dates Fed | Medication Name<br>(Medication added/included in feed and approximate amount of medication) | Withdrawal Time<br>(Instructed) | Withdrawal Complete<br>(Date & 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: \_\_\_\_\_

# Youth Producer Health Record Instructions

**Goal:** These records should reflect ALL treatment and care given while the animal is under YOUR care, including all animal health products and medicated feeds used.

\*\*\*DO NOT include health products administered by the breeder or seller of the animal; this information should be kept separate in your records. As the youth producer, the youth raising, showing and marketing the animal, you will sign this form to verify the health products administered to the animal while in YOUR care.\*\*\*

## Step 1:

Obtain an Animal Health Record for your animal prior to purchase and complete the "Youth Producer" information box.

## Step 4:

This step is to be kept up-to-date throughout the care and ownership of your animal when using ANY animal health-care products.

### WITHDRAWAL TIME:


is the amount of time from the last treatment until the animal can be marketed. It is found under the "warning section" of the label.

## Step 5:

Record any feeds that contain medications and their withdrawal time from last feeding. Do not use any feed that is not specifically formulated for the specific species you are feeding.

COOPERATIVE EXTENSION  
**WASHINGTON STATE UNIVERSITY**

## Market Beef Health Record



**Youth Producer:**  
 Name: Imma Winner  
 Address: 111 Blue Ribbon Rd. Champion, WA 11111  
 Phone: (111) 111-1111  
 QA Program: Grant County  
 Date Certified: 2/2/02  
 Fair: Jr. Show-M.L.

**Animal Information (Obtain from producer):**  
 Identification #: Fair-26 Herd-179  
 Brand: Mg Location: LH  
 Breed/Color: Angus X-Black  
 DOB: 1/2/02 Castration Date: 3/15/02  
 Date Weaned: 7/20/02 Sire ID: PG 32111  
 Born in: United States-WA (Country)

**Date Purchased:** 9/20/02  
**Purchased From:**  
 Name: Mr. Proud Producer  
 Address: 222 Hamburger Ln. Steak, WA 22222  
 Phone: (222) 222-2222  
 QA Certification: WA-MQA  
 Date Certified: 1/23/01

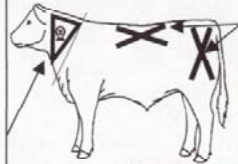
"Produce healthy and safe beef products by being a knowledgeable and responsible producer"

| Treatments & 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 veterinarian's name, address, and phone. |
|--------------------------------------|-------------------------|------------------|---|-------------------|--------------------------------|------------------------------|-----------------------------------|---|
| 9/23/02                              | Parasites               | 750              | Ivomec-Pour On 34 mL  | IV62713           | Imma                           | 0 days                       | 9/23/02                           |   |
| 9/23/02                              | Growth Promotive        | 750              | Ralgro-Ear Implant 15mg   | R271614           | Imma                           | 0 days                       | 9/23/02                           |   |
| 12/7/02                              | Bloody Diarrhea         | 850              | Oxytetracycline, IM 15mL  | Z 789314V         | Dr. Jones                      | 14 days                      | 12/21/02                          | Dr. Jones (111) 111-1111  |
| 12/7/02                              | Fever                   | 850              | Sulfax Dimethoime Oral 15gm   | S4911624          | Dr. Jones                      | 30 days                      | 1/7/03                            | Dr. Jones   |
| 3/1/03                               | Parasites               | 1200             | Ivomec-Pour On 55mL   | IV79413           | Imma                           | 0 days                       | 3/1/03                            |   |

**Medicated Feeds** Remember to document ALL medicated feeds and withdrawal times

| Dates Fed       | Medication Name (Medication added/included in feed and approximate amount of medication) | Withdrawal Time (Instructed) | Withdrawal Complete (Date & Time) | Dates Fed | Medication Name (Medication added/included in feed and approximate amount of medication) | Withdrawal Time (Instructed) | Withdrawal Complete (Date & Time) |
|-----------------|--|------------------------------|-----------------------------------|-----------|--|------------------------------|-----------------------------------|
| 9/23/02-4/15/03 | Top Steer Chow Rumineln 30g/ton  | 0 days                       | 4/15/02                           |           |  |                              |                                   |

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



**Youth Producer's Copy**

NEVER-Inject into the round 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.

Youth Signature: Imma Winner Date: 4/15/03  
 Guardian Signature: Noel Winner Date: 4/15/03

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

## Step 2:

Obtain breeder information. Be sure to include the date you purchased your project animal. Some breeders are involved in quality assurance programs. If so, include relevant information.

## Step 3:

Obtain animal information from the breeder, such as identification number, breed, date of birth, etc. Be sure to leave enough space on the identification line for show number if tagged during show.

**For Steers:** Include brand and location (L=left, R=right, H=hip, S=shoulder, and R=rib). Example: RH = right hip brand. Include preconditioning if provided.

## Step 6:

Youth and their parent or guardian will complete the certification box when they transfer the animal to the fair or show.

**\*\*\*VERY IMPORTANT\*\*\***—It is against federal regulations to feed prohibited mammalian protein, such as ruminant meat and bone, to ruminant animals (cattle, sheep, or goats).\*\*\*

**NOTE:** Many fairs and packing plants are requiring youth to verify health-product and feed compliance. 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 for potential violations that may result in a monetary fine and/or criminal prosecution. Keep a copy of the health record for at least six (6) months after sale, and preferably a year.