



MARKET HEALTH RECORD

SPECIES (circle one): BEEF SWINE SHEEP GOAT SM ANIMAL

Youth Producer:
 Name: _____
 Address: _____
 Phone: _____
 Fair: _____

Animal Information:
 Ear tag/Ear notch: _____ Sex: _____ Birthdate: _____
 Date Purchased: _____ Breed/Color: _____
 Purchased from (*farm name*): _____ State & Phone: _____
 Born in _____ (country)

YOUTH PRODUCERS ONLY LIST TREATMENTS ADMINISTERED WHILE UNDER YOUR CARE. DO NOT LIST TREATMENTS ADMINISTERED PRIOR TO PURCHASE.

| Treatments, Dewormers & Medicated Feed (Name, date, time) | Condition Being Treated | Treatment Administered (Medication dispensed, amount, & route administration) | Name (Person giving treatment) | Withdrawal time (Instructed) | Withdrawal Complete (Date & Time) |
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I certify that I produced this animal and I have listed ALL products and treatments they received while in my care/ownership and all withdrawal times have been met.

Youth Signature: _____ Date: _____
 Guardian Signature: _____ Date: _____