

Oregon 4-H Livestock Exhibitor Agreement

This agreement applies to all 4-H members currently enrolled in animal science projects. I recognize that it is a privilege to exhibit my projects and will abide by the following guidelines:

1. I am an officially enrolled member of a 4-H Club in the state of Oregon.
2. I have owned/leased my project animal(s) prior to the required County ownership deadline.

The official ownership date is the date shown on the bill of sale or receipt of sale, unless the animal was bred and owned, in which case, calving or birth records will be utilized. (Individual show rules may determine ownership requirements for non-market animals.) Registered breeding livestock must show the exhibitor or their immediate family as the sole owner of the animal on the breed association papers or certificates. In the case of leased animals, leases must be on file at the County Extension Office by the county ownership deadline.

3. I will continuously own my project(s). If I sell my animal, I understand I may not repurchase the animal and continue to show it in the current project year. I may not show a market animal which has been previously sold at a county, regional, or major livestock show auction or sale in which the ownership of the animal has changed hands after the county ownership date. Showing an animal for another individual by claiming ownership in order to show in a specific livestock class or event is prohibited.
4. I will do my own work and be responsible for the feeding and care of my animal(s).
5. My project is a reflection of my efforts. I will accept the results of judging with grace and demonstrate good sportsmanship at all times.
6. I will represent my animal(s) honestly and will abide by all county, state and show rules. I understand that treating an animal internally or externally in any way to misrepresent the true nature of the animal is prohibited.
7. I understand all medications administered during a fair must be under the guidance of a licensed veterinarian.
8. I agree to participate in drug testing if requested by show officials. Animals with residues of illegal drugs will be disqualified and I will be subject to repayment of any money received from the sale of that animal.
9. I will treat my animal(s) humanely and with respect and provide for their continuous well-being through proper feeding, handling, disease prevention, sanitation and attention to their safety. I know that animals showing any evidence of prolapse or mechanical repair will not be allowed in exhibition.
10. The Oregon 4-H Program reserves the final and absolute right to interpret these guidelines and to settle all matters, questions, and differences related to this agreement.

A breach of this agreement or violation of specific rules as designated by individual fairs and livestock shows may result in forfeiture of premiums and awards, disqualification, and may result in probationary status and/or loss of eligibility for future participation in organized livestock competition.

I am verifying that I have read and understand the above terms and the consequences of and penalties involved for illegal, unethical, inhumane, and unfair practices in livestock competition.

Exhibitor Signature

Date

Parent/Guardian Signature

Date

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 (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.

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)

I attest that all livestock referenced by this document and transferred are of _____ origin.
(country raised in, if e U.S.A.)

Signature _____ Date _____

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: _____

Extension programs and employment are available to all without discrimination. Evidence of discrimination may be reported through your local Extension Office.

Prepared by: Sarah M. Smith, Jan Budboom, and Jean Smith, WSH



BEEF

4-H/FFA Animal Care and Management Disclosure Statement (Drug Affidavit)



County _____

Premise ID # (optional) _____

Last Name _____

First Name _____

As a youth livestock producer, I understand that I have an obligation to be a responsible producer and that all animals will enter the food chain and become edible food products for the consuming public. This subjects every exhibit animal to all state and federal regulations involving proper drug usage and all Food & Drug Administration, Animal Plant Health Inspection Service, Food Safety Inspection Service, and Environmental Protection Agency regulations.

➤ We, the undersigned, certify that we have read, understand and will abide by all rules and regulations of the local county 4-H & FFA fair, or the 4-H division of the State Fair. We agree to the condition that these exhibit animals (identified on this form) may be screened for violative residues and foreign substances. Also, as a condition of entry, exhibitor agrees to a background check for any past disqualification from other livestock shows.

➤ We have completed the Treatment Records information on the back of this form for any injectable, water, or feed medication, pesticide or other substance that has been administered to exhibit animals. Use of these products may require additional time to meet legal withdrawal limits before harvest.

➤ We certify that our exhibit animals have completed any withdrawal time relative to the administration of any legal drug, vaccine or other substance, and are in compliance with applicable FDA and USDA regulations (and similar state regulations) concerning drug residues and withdrawal periods.

➤ We certify that these exhibit animals have not received drugs that are not in compliance with label indications or, if applicable, the requirements of the regulations codifying the Animal Medicinal Drug Use Clarification Act amendment to the Federal Food, Drug, and Cosmetic act (under the direction of a valid Veterinary/Client/Patient relationship).

➤ If violations are detected, appropriate state and federal authorities will be notified, and regulatory action can be expected. Also exhibitors will be subjected to penalties as determined by show management.

➤ Effective 4/1/01 due to concerns of BSE, We certify that, to the best of our knowledge, none of the livestock described herein are adulterated within the meaning of the Federal Food, Drug and Cosmetic Act (none of the cattle or sheep have been fed any feed containing protein derived from mammalian tissues, such as meat and bone meal from ruminants, not in compliance with 21 CFR 589.2000). We have purchase invoices and labeling for all feeds containing animal protein products. Copies of these records are to be made available to FDA upon request.

➤ Effective 9/30/08: COOL (Country of Origin Labeling) Compliance. By signing below, I/we hereby certify that all animals listed were born and raised in the United States; we have followed all COOL compliance guidelines, and have maintained the appropriate records to provide as proof of country of origin.

➤ We further certify the information provided is correct and accurate, and that we have read and understand these regulations and may be relied upon by any person or entity accepting my (our) animal(s) for harvest.

Owner's/Exhibitor's Signature _____

Parent or Guardian's Signature _____

Date _____

Market Beef County ear tag number (s) OR Breeding Beef Tattoo numbers _____



Tyson Fresh Meats, Inc.

Affidavit #: _____

PRODUCER AFFIDAVIT

Continuous Affidavit/Declaration of Country of Origin of Livestock

Whereas an affidavit is deemed by USDA's Agricultural Marketing Service (AMS) as a record of Country of Origin, I (Producer) _____ attest through firsthand knowledge¹, normal business records or subsequent producer affidavit that all livestock marketed to Tyson Fresh Meats, Inc. are of:

- U.S. Origin (exclusively born and raised in the U.S.)
- U.S., Canadian Origin.
- U.S., Mexican Origin.
- U.S., Canadian, Mexican Origin.

I attest that records reflecting specific transactions are available for inspection for the sole purpose of compliance with the country-of-origin labeling provisions contained in the Farm Security and Rural Investment Act of 2002, as amended. I certify this affidavit as being truthful and accurate.

I understand that if the origin of my livestock become other than that described above, I will notify the buyer/agent in writing when this occurs.

This Affidavit/Declaration of Country of Origin of Livestock shall remain in effect until revoked in writing by the undersigned producer and is delivered to Tyson Fresh Meats, Inc. at 800 Stevens Port Drive Suite DD821B, Dakota Dunes, SD 57049. I shall maintain records of livestock origin for one year from the date of delivery of the livestock to Tyson Fresh Meats.

Company Name (if applicable)

Signature

Print Name

Date

¹ If first-hand knowledge or visual inspection is utilized, the individual shall keep adequate documentation, such as a journal to validate origin.



Tyson Fresh Meats, Inc.

Tyson Supplier Affidavit - Prohibited Feed & Antibiotics

I, _____ (print), attest that to the best of my knowledge, the following statements are true and correct regarding the cattle under my authority, direction, or ownership and which are supplied to Tyson Fresh Meats for slaughter:

- In the ration have not been fed "prohibited" mammalian protein (i.e. ruminant meat & bone meal) as defined by FDA CFR 589.2010.
- all antibiotics are used under the auspices of a veterinarian, comply with FDA regulations and not used solely for the purpose of growth promotion.
- have at all times been handled properly and humanely

I agree that authorized Tyson Fresh Meats officials may conduct inspection of feed records and feed facilities at locations from which cattle under my direction (or ownership) are fed and which were slaughtered at a Tyson Fresh Meats facility.

Signature: _____ Date: _____

Address: _____ Phone Number: _____

Street City State

This affidavit shall remain in effect until revoked in writing by the undersigned producer and is delivered to Tyson Fresh Meats, Inc. Failure to have a signed affidavit on-record is cause for the "company" to refuse to slaughter cattle under your direction or ownership. The owner/signer should keep the yellow copy of this affidavit for your records.

Note: FDA CFR 589.2000 requires ruminant feeders to keep records for all feed they receive that contains animal protein products, whether or not the animal protein is prohibited material. Such records would include purchase invoices and labeling for all feeds containing animal protein products received. Copies of these records are to be made available to FDA upon request. The complete FDA rule can be accessed on the web site => http://www.access.gpo.gov/nara/cfr/waisidx_09/21cfr589_09.html

All cattle producers are urged to secure similar assurances from their suppliers.

For questions to Tyson Fresh Meats please call 605-235-2120.

Tyson Form 17536 (12/22/06)

