

Market Goat Health Record



Youth Producer: Name: Address: Phone: QA Program: Date Certified: Fair:				Animal Information (Obtain from producer): Identification #: Scrapie ID #: Breed: Sex: DOB: Castration Date: Date Weaned: Sire ID: Date Dehorned: (Country) "Produce healthy and safe chevon products by being a knowledgeable and responsible producer"					Date Purchased: Purchased From (Breeder): Name: Address: Phone: QA Program: (not required) Date Certified:				
Treatment Deworme (Date & Tir	ers Being Treated	Estimated Weight	(Medic	atment Administered ation dispensed, amount oute of administration)		Drug's Lot Number	Name (Person giving treatment)		Withdrawal Time (Instructed)	Compl	Withdrawal Complete (Date & Time)		extra label drug the Vet name, ess & phone.
(Medication added/included in feed			chdrawal Time Structed) Withdrawal Complete (Date & Time		Dates Fed (Medi		(Medicatio	Medication Name ation added/included in fee prox. amount of medication		_		Withdrawal Complete (Date & Time)	
	at all livestock refer or raised in; i.e. USA)	-	_	nent and tr	ransferred are	pi lis w	rotein (i.e. sted ALL pi	meat & bor roducts and times have	this animal, it ne meal), per Fi treatments the been met.	DA regulati	on, CF	R Title 21, in my care	and I have
						୷ା _ଞ	Guardian Signature				 Date		