

Market Steer Health Record



	000		Animal Information (Obtain from producer):					l			As	surance [*]	
Youth Producer:				Identification #:					. Date F	urchased: _			
Name:				Brand: Location:						sed From:			
Address:				Breed/Color:					Name:				
				DOB: Castration Date:					Address:				
Phone:									` <u> </u>				
QA Program:				Date Weaned: Sire ID:					Phone:				
Date Certified:				Born in: (Country)					QA Certification:				
Fair:				"Produce healthy and safe beef products by being a knowledgeable and responsible producer"					Date Certified:				
Treatment Deworme (Date & Tir	ers Being Treated	Estimated Weight	Treatment Administ (Medication dispensed, and route of administ		ninistered nsed, amount	Drug's Lot Number	Name (Person giving treatment)		Withdrawa Time (Instructed	Compl	Withdrawal Complete (Date & Time)		extra label drug the Vet name, ss & phone.
Medicated	Feeds Remember	to document	ALL medico	ated feeds	and withdraw	al times							
(Medication added/included in feed			ed 1	thdrawal Time structed) Withdrawa Complete (Date & Time			(Medicatio		edication Name on added/included in fe x. amount of medicatio			ithdrawal Time nstructed)	Withdrawal Complete (Date & Time)
of	at all livestock refer o y raised in; i.e. USA)		is docum	ent and tr	ransferred ar	l p	orotein (i.e. isted ALL p	meat & bo	ne meal), pe treatments	FDA regulat	ion, C	FR Title 21,	
Youth Signature D				te			outh Sigr	nature				ate	
						<u> </u>	Guardian S	Signature			Da	ate	