

Producer Affidavit & Market Poultry Health Record



Youth Producer:
 Name: _____
 Address: _____
 Premise ID (if available): _____
 Phone: _____
 QA Certification #: _____
 Fair: _____
 Fair Tag #: _____
 Sale Date: _____

Producer Affidavit and Animal Information (Obtain from producer):
 Herd Tag #/Ear Notch ID: _____ Sex _____
 Hatch Date: _____ Breed/Color: _____
I (original producer) attest through first-hand knowledge, normal business records, or producer affidavit(s) that the animal referenced to by this document is of _____ (country) origin, and is delivered to _____ (Youth Producer).
 Date Purchased: _____ Premise ID (if available): _____
 Purchased From: _____ (Farm Name) Office Phone: _____
 Address: _____ City, State, Zip: _____
 Producer Signature _____ Print Name _____

Youth producers only list treatments administered while under your care. Do NOT list treatments administered prior to purchase. If you need additional space for treatments or medicated feeds use supplemental health form page—available at animalag.wsu.edu—“Youth Producers”

Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount and route of administration)	Drug 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 included in feed and approximate amount of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)

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

Give Subcutaneous (Sub-Q) injections under loose skin of neck or front flanks, using the tented method. Give Intra-muscular (IM) injections in the neck.
 If label indicates a choice, use Sub-Q (under the skin) injections over IM.

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. I attest that the animal referred to by this document is of _____ (country) origin and raised in _____ (country).

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

Authors: _____

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