



# MARKET HEALTH RECORD

SPECIES (circle one): BEEF	SWINE	SHEEP	GOAT	SM ANIMAL
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**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 <small>(Medication dispensed, amount, and route administration)</small>	Name <small>(Person giving treatment)</small>	Withdrawal Time <small>(Instructed)</small>	Withdrawal Complete <small>(Date &amp; Time)</small>

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: \_\_\_\_\_