



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 (Medication dispensed, amount, and route administration)	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)

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: _____