

# 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 Dehorned: \_\_\_\_\_  
 Date Weaned: \_\_\_\_\_ Sire ID: \_\_\_\_\_  
 Born in: \_\_\_\_\_ (Country)

**Date Purchased:** \_\_\_\_\_  
**Purchased From (Breeder):**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 QA Certification: \_\_\_\_\_  
(not required)  
 Date Certified: \_\_\_\_\_

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

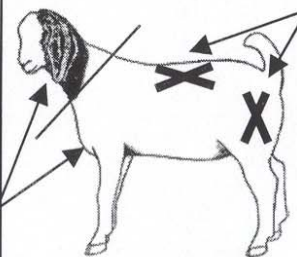
Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount and route of administration)	Drug's Lot Number	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label 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 added/included in feed and approximate amount of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)

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



**NEVER-**  
Inject into the leg or loin area.

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.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Youth Producer's Copy**

Prepared by: Sarah M. Smith, Jan Busboom, Jean Smith, and Susan Kerr, WSU

**Country of Origin Affidavit/Declaration Statements**  
(Cool Affidavit)

Continuous Country of Origin Affidavit/Declaration: *(This following affidavit could be used by any operation in the livestock chain attesting to the Country of Origin of livestock but particularly for first-level producers.)*

As an affidavit is deemed by USDA as an official record of Country of Origin, I attest through first-hand knowledge, normal business record, or producer affidavit(s) that all livestock referenced by this document or other communications specific to the transaction and transferred are of \_\_\_\_\_ origin. Should the origin of my livestock become other than that described above, I agree to notify the buyer/agent when this occurs.

This affidavit/declaration shall remain in effect until revoked in writing by the undersigned and is delivered to \_\_\_\_\_ (agent/buyer).

Ear Tag # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business/Farm/Ranch Names/Location