Oregon State Service

Extension Market Lamb Health Record Service

omin) injection	the neck. If lab choice, use Sub skin) injections.		tented metho muscular (II	Give Subcutaneous (Sul injections under loose sk neck or front flank using		Dates red	Total Fall	Medicated Feeds				Treatments & Dewormers (Date & Time)	Date Certified: Fair:	QA Program	Phone:		Address:	Name:	Youth Producer:	
113.	choice, use Sub-Q (under the	the neck. If label indicates a	tented method. Give Intra- muscular (IM) injections in	Give Subcutaneous (Sub-Q) injections under loose skin of neck or front flank using		**	Medication Name (Medication added/included in feed and approximate amount of medication)	8				Condition Being Treated	am:					ducer:	000	
			*	× ×			on Name Sluded in feed and t of medication)	tember to doc				Estimated Weight								
Youth Proc			2	X .		(monuccu)	Withdrawal Time (Instructed)	ument ALL m			Treatment Administered (Medication dispensed, amount and route of administration)	"Produce knov	Born in:	1 1	Date Weaned:	DOB:	Breed:	Identification #	Animal In	
Youth Producer's Copy			the leg or loin area.	NEVER- Inject into		(Daw & IIII)	Withdrawal Complete	edicated feec				dministered nsed, amount and inistration)	healthy and s vledgeable an		WILLIAM.		0		ation #:	oformation (
	Guardian Signature:	Youth Signature: Date:	while in m	I certify the mammalian		Dates Fed (Medication approximates)		's and withdrawal times				Drug's Lot Number	"Produce healthy and safe lamb products by being a knowledgeable and responsible producer"			Sire ID:	Castration Date:	Sex:	Scrapie ID#	Animal Information (Obtain from producer):
			while in my care and all withdrawal times have been met.	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								Name (Person giving treatment)		(Country)					ID#	producer):
Prepared by: Sar			vithdrawal tin	this animal, it neat & bone r			Medication Name (Medication added/included in feed and approximate amount of medication)					Withdrawal Time (Instructed)	Da			1 I	Addr	Name	Purch	Date F
Prepared by: Sarah M. Smith, Jan Busboom, and Jean Smith, WSU	Date:		nes have been	was not fed a neal), per FD							Withdrawal Complete (Date & Time)	(not required) Date Certified:	\cap			Address:	e:	Purchased From:	Date Purchased:	
usboom, and Je			met.	ny "prohit A regulatio			Withdrawal V Time (Instructed) (For prescri label drug veterinar address,	113 1	n:						
an Smith, WSU				oited" on, CFR		Durc of Allino	Withdrawal Complete (Date & Time)					For prescription or extra label drug use, list the veterinarian's name, address, and phone.								

Extension programs and employment are available to all without discrimination. Evidence of discrimination may be reported through your local Extension Office. Prepared by: Sarah M. Smith, Jan Busboom, and Jean Smith, WSU

Country of Origin Affidavit/Declaration Statements (Cool Affidavit)

Countinuous 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 USD	OA 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 tra	ansaction and transferred are of									
1	Should the origin of my livestock become									
	agree to notify the buyer/agent when this									
This affidavit/declaration shall return the undersigned and is delivered to (agent/buyer).	main in effect until revoked in writing by o									
Ear Tag #										
Signature	Date									
Business/Farm/Ranch Names/Loc										
Business/Farm/Ranch_Names/Loc	CALION									