

Market Lamb Health Record

Animal Information (Obtain from producer):

Identification #: _____ Scrapie ID# _____
 Breed: _____ Sex: _____
 DOB: _____ Castration Date: _____
 Date Weaned: _____ Sire ID: _____
 Born in: _____ (Country)

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

Date Purchased: _____
Purchased From:
 Name: _____
 Address: _____

 Phone: _____
 SSQA Certification: _____
(not required)
 Date Certified: _____

Youth Producer:

Name: _____
 Address: _____

 Phone: _____
 QA Program: _____
 Date Certified: _____
 Fair: _____

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)

Dates Fed	Medication Name (Medication added/included in feed and approximate amount of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)

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.

Youth Producer's Copy

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: _____