

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”

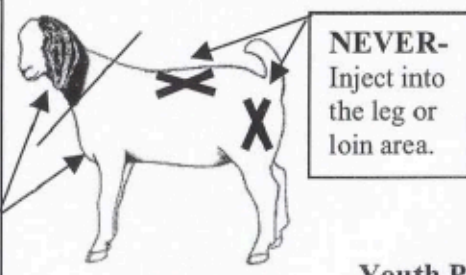
Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount and route of administration)	Drug's Lot Number	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label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



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