

# 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”**

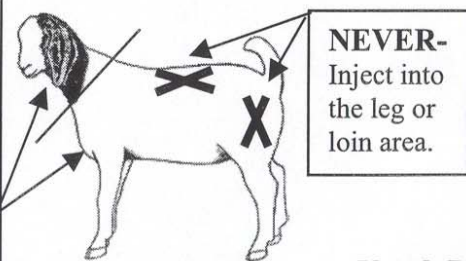
Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount and route of administration)	Drug's Lot Number	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label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



# Youth Producer Health Record Instructions

**Goal:** These records should reflect ALL treatment and care given while the animal is under YOUR care, including all animal health products and medicated feeds used.

\*\*\*DO NOT include health products administered by the breeder or seller of the animal; this information should be kept separate in your records. As the youth producer, the youth raising, showing and marketing the animal, you will sign this form to verify the health products administered to the animal while in YOUR care.\*\*\*

## Step 1:

Obtain an Animal Health Record for your animal prior to purchase and complete the "Youth Producer" information box.

## Step 4:

This step is to be kept up-to-date throughout the care and ownership of your animal when using ANY animal health-care products.

**WITHDRAWAL TIME:** is the amount of time from the last treatment until the animal can be marketed. It is found under the "warning section" of the label.

## Step 5:

Record any feeds that contain medications and their withdrawal time from last feeding. Do not use any feed that is not specifically formulated for the specific species you are feeding.

## Market Goat Health Record



### Youth Producer:

Name: Imma Winner  
 Address: 111 Blue Ribbon Rd.  
Champion, WA 99111  
 Phone: (111)111-1111  
 QA Program: WA-County  
 Date Certified: 2/13/06  
 Fair: County Fair

### Animal Information (Obtain from producer):

Identification #: Fair-17 Scrapie ID #: WA 99999  
 Breed: Boer Cross Sex: Female  
 DOB: 3/2/01 Castration Date:           
 Date Dehorned: 3/14/01  
 Date Weaned: 5/20/01 Sire ID: 8R6231  
 Born in: United States (Country)

"Produce healthy and safe chevon products by being a knowledgeable and responsible producer"

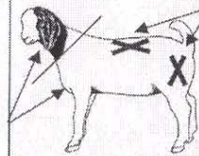
Date Purchased: 5/20/01  
 Purchased From (Breeder):  
 Name: Mrs Proud Producer  
 Address: 222 Kidding Ln  
Doe, WA 22222  
 Phone: (222) 222-2222  
 QA Certification:  
 (not required)  
 Date Certified:         

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.
5/30/01	Overeating Enterotoxemia	60 lbs.	Clot C10 - Tetrac SQ, 2mls	CD436124	Imma	21 days	6/20/01	Dr. Jones (111)111-3333
5/30/01	Parasites	60 lbs.	Tri-Ben zole Oral 3mls	PT627143	Imma	30 days	6/29/01	
6/15/01	Pneumonia	67 lbs.	Naxcel 10mg, IM	NP43651	Dr. Jones	0 days	6/15/01	Dr. Jones

### 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)
5/30 - 8/24/01	Top Goat Chow Deccox	0 days	8/24/01				

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: Imma Winner Date: 8/24/01

Guardian Signature: Neck Winner Date: 8-24-01

Youth Producer's Copy

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

Cooperative Extension programs and employment are available to all without discrimination. Evidence of discrimination may be reported through your local Cooperative Extension Office.

**\*\*\*VERY IMPORTANT--It is against federal regulations to feed prohibited mammalian protein, such as ruminant meat and bone, to ruminant animals (cattle, sheep, or goats).\*\*\***

## Step 2:

Obtain breeder information. Be sure to include the date you purchased your project animal. Some breeders are involved in quality assurance programs. If so, include relevant information.

## Step 3:

Obtain animal information from the breeder, such as identification number, breed, date of birth, etc. Be sure to leave enough space on the identification line for show number if tagged during show.

**For Goats:** All females must be identified with federally approved scrapie tag or tattoo. Very few health products are labeled for goats, consult vet for use.

## Step 6:

Youth and their parent or guardian will complete the certification box when they transfer the animal to the fair or show.

**NOTE:** Many fairs and packing plants are requiring youth to verify health-product and feed compliance. You may not be able to sell project animals at the fair or livestock show if you do not accurately complete the project animal health record. Animals are randomly tested for potential violations that may result in a monetary fine and/or criminal prosecution. Keep a copy of the health record for at least six (6) months after sale, and preferably a year.

Prepared by: Sarah M. Smith, Area Animal Science Extension Agent, WSU