

Market Rabbit Health Record

Youth Producer:
 Name: _____
 Address: _____

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

Animal Information (Obtain from producer):
 ID #: _____ DOB _____
 Breed: _____ Bangs# _____
 Sire ID: _____ Dam ID _____
 Date Bred: _____ Est. Calving Date _____
 Bred to(Sire ID): _____
 Preg. Check Results: **Preg. Open Date:** _____
 (please circle one)

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

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

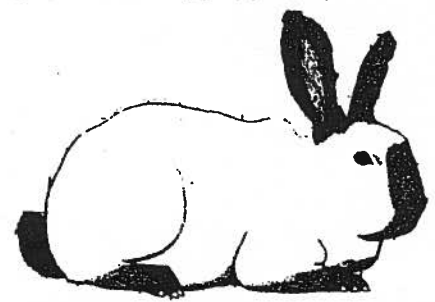
“Produce healthy and safe dairy products by being a knowledgeable and responsible producer”

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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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.

Youth Signature: _____ Date: _____
 Guardian Signature: _____ Date: _____

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