

Rock County 4-H Fair Market Animal Affidavit

Rock County 4-H Fair Animal Care and Management Disclosure Statement

Last Name _____ First Name _____

Address, City, State, Zip _____

Club/Chapter _____ Premise ID# _____

As a youth livestock producer, I understand that I have an obligation to be a responsible producer and that all market animals will enter the food chain and become edible food products for the consuming public. This subjects every exhibit animal to all state and federal regulations involving proper drug usage and all Food & Drug Administration, Animal Plant Health Inspection Service, Food Safety Inspection Service and Environmental Protection Agency Regulations.

_____ We, the undersigned, certify that we have read, understand and will abide by all rules and regulations of the Rock County 4-H Fair. We agree to the condition that these exhibit animals (identified on this form) may be screened for volatile residues and foreign substances. Also, as a condition of entry, the exhibitor agrees to a background check for any past disqualifications from other livestock shows.

_____ We have completed the Treatment Records Information on the back of this form for any injectable, water, or feed medication, pesticide or other substance that has been administered to exhibit animals. Use of these products may require additional time to meet legal withdrawal limits before harvest.

_____ We certify we have reviewed the treatment and feed medication records for all market animals and they meet or exceed the suggested withdrawal periods.

_____ We certify these exhibit animals have not received drugs that are not in compliance with label indications or, if applicable, the requirements of the regulations codifying the Animals Medicinal Drug Use Clarification Act amendment to the Federal Food, Drug and Cosmetic act (Under the direction of a valid Veterinary/Client/Patient relationship)

_____ If violations are detected, exhibitors will be subjected to penalties as determined by the fair board.

_____ We certify these animals did not originate from a herd under quarantine for any contagious diseases during the past twelve months.

_____ We certify the Premise ID number(s) provided is the location(s) the exhibit animals were housed prior to arriving at the show. The exhibitor must have an active/current YQCA certification on file at the fair office.

_____ We further certify the information provided below is correct and accurate, and have read and understand these regulations and the information may be relied upon by any person or entity accepting these animals for harvest.

Exhibitor's Signature

Parent or Guardian's Signature

Date

Animal I.D. (Rock County 4-H Fair RC ear tag number/RFID tag number(s))

Individual Animal Treatment Records

Animal ID Number	Treatment Date	Product Name	Amount Given (cc, ml, lbs concentration)	Route (feed, water, topical injectable by SQ or IM)	Remarks/Initial IS or Who Administered	Withdrawal time needed before harvest	Date withdrawal completed

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