

Supplemental Animal Affidavit & Health Record

Youth Producer:
 Name: _____
 Address: _____

 Premise ID (if available): _____

Animal Information (Should correspond with species specific affidavit & health record):
 Species: _____ Herd or Official Animal ID #: _____
 Sex: _____ Breed/Color: _____ Birth Date: _____
 Fair: _____ Fair Tag # _____

This supplemental form is suitable for youth producers raising their animals from birth or animals that suffer serious illness or injury that require additional record keeping entries for treatments or medicated feed. Only list treatments administered while under your care. This form should be used in addition to species specific "Affidavits & Health Records", WSU Extension Publications C1051E, C1052E, C1053E, C1054E, and C1055E—available to download free from WSU Extension Publications, www.pubs.wsu.edu, or at www.animalag.wsu.edu –Youth Producers.

Do NOT list treatments administered prior to purchase.

Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount, and route of administration)	Drug 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 included in feed and approximate amount of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)

Please securely attach (staple) Supplemental Animal Affidavit & Health Record to the original species specific Producers Affidavit and Health Record.

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