Rio Arriba County Fair Association
In Unity for Our Community

Market Goat Health Record

Andrea Harwell DVM
575-640-0342

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)*

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

Date Purchased: _____
Purchased From (Breeder):
Name: _____
Address: _____
_____
Phone: _____
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.

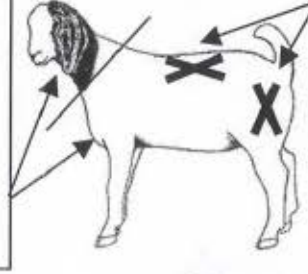
Medicated Feeds

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)

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.



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: _____ Date: _____

Guardian Signature: _____ Date: _____

Youth Producer's Copy

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

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