

# Producer Affidavit & Market Poultry Health Record



Producer Affidavit and Animal Information (Obtain from producer):

Herd Tag #/Ear Notch ID: \_\_\_\_\_

Hatch Date: \_\_\_\_\_

Breed/Color: \_\_\_\_\_

Sex \_\_\_\_\_

I (original producer) attest through first-hand knowledge, normal business records, or producer affidavit(s) that the animal referenced to by this document is of \_\_\_\_\_ (country) origin, and is delivered to \_\_\_\_\_ (Youth Producer).

Date Purchased: \_\_\_\_\_

Premise ID (if available): \_\_\_\_\_

Purchased From: \_\_\_\_\_

(Farm Name) Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Producer Signature \_\_\_\_\_

Print Name \_\_\_\_\_

**Youth Producer:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Premise ID (if available): \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 QA Certification #: \_\_\_\_\_  
 Fair: \_\_\_\_\_  
 Fair Tag #: \_\_\_\_\_  
 Sale Date: \_\_\_\_\_

*Youth producers only list treatments administered while under your care. Do NOT list treatments administered prior to purchase.*

*If you need additional space for treatments or medicated feeds use supplemental health form page—available at [animalag.wsu.edu](http://animalag.wsu.edu)—“Youth Producers”*

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)

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

Give Subcutaneous (Sub-Q) injections under loose skin of neck or front flanks, using the tented method. Give Intra-muscular (IM) injections in the neck.  
 If label indicates a choice, use Sub-Q (under the skin) injections over IM.

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. I attest that the animal referred to by this document is of \_\_\_\_\_ (country) origin and raised in \_\_\_\_\_ (country).

Youth Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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