



## MARKET ANIMAL HEALTH RECORD

Animal ID	Treatment (Date/Time)	Condition Being Treated	Weight	Product	Company	Lot and Exp. Date	Dose	Route of Admin. (IM, SQ, IV, Oral, Topical)	Name (Person giving treatment)	Withdrawal Time Needed	Withdrawal Date (date/time)

**Medicated Feeds** *Remember to document ALL medicated feeds and withdrawal times*

Dates Fed	Medication Name (Medication added/included in feed & approximate amount)	Withdrawal Time	Withdrawal Complete (Date/Time)

Use separate forms for each animal if additional space is needed.

**I certify that I produced the animal(s) and I have listed ALL products and treatments they received while in my care.**

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

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