

## **Producer Affidavit**

mal(s) I raise followed to

	Date:	Guardian Signature:
	Date:	Youth Signature:
	certify that in the production of this animal, it will not be fed any "prohibited" mammalian protein (i.e. meat and bone meal), per FDA regulation, CFR Title 21, and I will list ALL products and treatments they received whilein my care/ownership and ALL withdrawal times will be met. If my animal is found with antibiotic residue resulting in condemnation of the carcass, I will be penalized as to "Drug Abuse" in UI 4-H Policies and Procedures and also subject to any State and Federal Laws.	certify that in the production of this animal, it will not be fed any "prohibit meat and bone meal), per FDA regulation, CFR Title 21, and I will list ALL pro- received whilein my care/ownership and ALL withdrawal times will be met. antibiotic residue resulting in condemnation of the carcass, I will be penaliz 4-H Policies and Procedures and also subject to any State and Federal Laws.
and <i>B. melitensis</i> for goats).	Print Name:	Producer Signature:
days before entry (B. ovis for sheep	City, State, Zip:	Address:
<ul> <li>Negative brucellosis test within 30</li> </ul>	Office Phone:	ourchased From (Farm Name):
Intact dairy goats and intact male sheep	Premise ID (if available):	Date Purchased:
address.	(Youth Producer).	delivered to
with complete physical destination	o by this document is of (country) origin, and is	affidavit(s) that the animal referenced to by this document is of
<ul> <li>Official &amp; Flock IDs listed on Certificate of Veterinary Inspection</li> </ul>	(original producer) attest through first-hand knowledge, normal business records, or producer	(original producer) attest through first
Goat Health Board.	Sex:	Birth Date:Breed:
<ul> <li>of Idaho, ALL goats are required to have:</li> <li>An Entry Permit from the Sheen &amp;</li> </ul>	Scrapie ID #:	Herd/Flock Tag #:
If being transported from out of the state	ion (Obtain from producer):	Producer Affidavit and Animal Information (Obtain from producer):
tee that all applicable laws have been followed to	nner. By offering this animal for sale, I guaran	are managed in a safe and wholesome product for human use
ransible to ensure the animalist I raise	talv intended for hilman concilmation. I linderstand that I am rest	is a producer of a market animal ultima

Adapted from WSU Producer Affidavit, Market Lamb Health Record C1052E. Market Goat Health Record C1051E, and

Project Supervisor Signature:



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As a producers of a market animal ultimately intended for human consumption, I understand that I am responsible to insure the animal(s) I raise are managed

	Telephone:	Zip Code:	State:	City:	_
				Address:	~
ation Number:	Animal's Ear Tag/Identification Number:			Member's Name:	-
ι bone meal), per FDA regulation, CFR Title 21, and I have all withdrawal times have been met. If my animal is found e" in UI <i>4-H Policies and Procedures</i> and also subject to any	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 in this animal's health record ALL products and treatments they received while in my care and all withdrawal times have been met. If my animal is four with antibiotic residue resulting in condemnation of the carcass, I will be penalized as to "Drug Abuse" in UI 4-H Policies and Procedures and also subject to an State and Federal Laws.	hibited" mammalian pr nents they received wh cass, I will be penalizec	as not fed any "pro products and treatr emnation of the car	I certify that I produced this animal, it was not fed any "prohibited" mammalian protein (i.e., meat & listed in this animal's health record ALL products and treatments they received while in my care and with antibiotic residue resulting in condemnation of the carcass, I will be penalized as to "Drug Abus State and Federal Laws.	10
	ne:	Print Name:		Producer Signature:	
		City, State, Zip:		Address:	
	Office Phone:	0		Purchased From (Farm Name):	
	(le):	Premise ID (if available):		Date Purchased:	
	(Youth Producer).			delivered to	
ć	(county) origin, and is	s document is of	renced to by thi	affidavit(s) that the animal referenced to by this document is of	
	business records, or producer	knowledge, nornal	ough fürst-hand i	I (original producer) attest through first-hand knowledge, normal business records, or producer	
	Location:		Brand:	Birth Date:	
		olor:	Breed/Color:	Ranch Tag #:	
	er):	btain from produc	Information (C	Producer Affidavit and Animal Information (Obtain from producer):	
ווזמוב מ אווסובסטווב טוסממרנוסו	human use.	n sale, I gual allicee tildt	leting tills attitual to	human use.	
is clied a wholorome product for	all applicable laws base been followed to	· · · · · · · · · · · · · · · · · · ·	「くここく ナブラ してごかししずく	a crife and wholesome manner By of	÷.

United States Department of Agriculture, University of Idaho and Idaho counties cooperating. To enrich education through diversity, the University of Idaho is an equal opportunity/affirmative action employer and educational institution.

Business/Farm/Ranch Name:

Physical Address or Premise Number:

Date:

Parent/Guardian Signature (if member is under 18):

Member's Signature:



managed in a safe and wholesome manner. By offering this animal for sale, I guarantee that an applicable laws have been lonewed to
ure a wholesome product for human use.

**Producer Affidavit** 

	Guardian Signature:Date:
	Youth Signature: Date:
	I certify that in the production of this animal, I will list ALL products and treatments they received while in my care/ownership and ALL withdrawal times will be met. If my animal is found with antibiotic residue resulting in condemnation of the carcass, I will be penalized as to "Drug Abuse" in UI 4-H Policles and Procedures and also subject to any State and Federal Laws.
To the best of my knowledge, these swine have not within the last 30 days originated from a premises known to be affected by PEDv and have not been exposed to PEDv.	Premise ID (if available):  Purchased From (Farm Name):  Address:  City, State, Zip:  Producer Signature:  Print Name:
These swine have not received any pseudorabies vaccines.	affidavit(s) that the animal referenced to by this document is of(country) origin, and is delivered to(Youth Producer).
These swine have not been fed raw garbage.	Birth Date: Breed/Color:
I (original producer) attest that: (please initial each)	Producer Affidavit and Animal Information (Obtain from producer):  Herd Tag #/ Ear Notch ID: Sex:
onsible to ensure the animal(s) I raise oplicable laws have been followed to	As a producer of a market animal ultimately intended for human consumption, I understand that I am responsible to ensure the animal(s) I raise are managed in a safe and wholesome manner. By offering this animal for sale, I guarantee that all applicable laws have been followed to ensure a wholesome product for human use.

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Date:

Project Supervisor Signature:

