

Meat Goat

Iowa 4-H Animal Care and Management Disclosure Statement

Please print

Co	enty Premise ID # (optional)							
La	Name First Name							
wil sta	youth livestock producer, I understand that I have an obligation to be a responsible producer and that all market animals enter the food chain and become edible food products for the consuming public. This subjects every exhibit animal to all and federal regulations involving proper drug usage and all Food & Drug Administration, Animal Plant Health ection Service, Food Safety Inspection Service, and Environmental Protection Agency regulations.							
>	We, the undersigned, certify that we have read , understand and will abide by all rules and regulations of the local county 4-H & FFA fair, or the 4-H division of the Iowa State Fair. We agree to the condition that these exhibit animals (identified on this form) may be screened for violative residues and foreign substances. Also, as a condition of entry, exhibitor agrees to a background check for any past disqualification from other livestock shows.							
>	We have completed the Treatment Records information on the back of this form for any injectable, water, or feed medication, pesticide, topical or other substance that has been administered to exhibit animals. Use of these products may require additional time to meet legal withdrawal limits before harvest.							
>	We certify that our exhibit animals have completed any withdrawal time relative to the administration of any legal drug, vaccine or other substance, and are in compliance with applicable FDA and USDA regulations (and similar state regulations) concerning drug residues and withdrawal periods.							
>	We certify that these exhibit animals have not received drugs that are not in compliance with label indications or, if applicable, the requirements of the regulations codifying the Animal Medicinal Drug Use Clarification Act amendment to							
>	If violations are detected, appropriate state and federal authorities will be notified, and regulatory action can be expected. Also exhibitors will be subjected to penalties as determined by show management.							
>	We certify that, to the best of our knowledge, none of the livestock described herein are adulterated within the meaning of the Federal Food, Drug and Cosmetic Act (none of the cattle, sheep or meat goat have been fed any feed containing protein derived from mammalian tissues, such as meat and bone meal from ruminants), not in compliance with 21 CFR 589.2000. We have purchase invoices and labeling for all feeds containing animal protein products. Copies of these records are to be made available to FDA upon request.							
>	We have followed the regulations of the Iowa Scrapie Eradication program by using official scrapie program ear tags on							
>	We further certify the information provided is correct and accurate, and that we have read and understand these regulations and may be relied upon by any person or entity accepting my (our) animal(s) for harvest.							
>	We certify the exhibitor has an active/current FSQA or YQCA certification.							
C	vner's/Exhibitor's Signature Parent or Guardian's Signature							
Da	;							
Me	to exhibitors will be subjected to penalties as determined by show management. It certify that, to the best of our knowledge, none of the livestock described herein are adulterated within the meaning of Federal Food, Drug and Cosmetic Act (none of the cattle, sheep or meat goat have been fed any feed containing tein derived from mammalian tissues, such as meat and bone meal from ruminants), not in compliance with 21 CFR 0.2000. We have purchase invoices and labeling for all feeds containing animal protein products. Copies of these ords are to be made available to FDA upon request. It have followed the regulations of the Iowa Scrapie Eradication program by using official scrapie program ear tags on reproductively intact animals being exhibited. If further certify the information provided is correct and accurate, and that we have read and understand these ulations and may be relied upon by any person or entity accepting my (our) animal(s) for harvest. It is certify the exhibitor has an active/current FSQA or YQCA certification. Parent or Guardian's Signature Parent or Guardian's Signature							

Individual or Pen Animal Treatment Records

Animal ID or Pen Location	Treatment Date	Product Name	Amount of Drug Given (cc, water or feed concentration)	Route (feed, water injectable by IM or SQ, topical)	Remarks/Initials or Who Administered	Withdrawal Time Needed Before Harvest	Date Withdrawal Completed

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