



Market SWINE

Iowa 4-H Animal Care and Management Disclosure Statement

Please print

County _____ Last Name _____ First Name _____

As a youth livestock producer, I understand that I have an obligation to be a responsible producer and that all market animals will enter the food chain and become edible food products for the consuming public. This subjects every exhibit animal to all state and federal regulations involving proper drug usage and all Food & Drug Administration, Animal Plant Health Inspection 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 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 entries have completed any withdrawal time relative to the administration of any legal drug, vaccine or other substance.
- 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 the Federal Food, Drug, and Cosmetic act (under the direction of a valid Veterinary/Client/Patient relationship).
- 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 these hogs did not originate from a herd under quarantine and there has not been evidence of swine dysentery (*Brachyspira hyodysenteriae*) in this herd during the past twelve months.
- For exhibition at the Iowa State Fair we will provide proof of a negative pseudorabies test on arrival for all pigs shown.
- We further certify the information provided below is correct and accurate, and that we have read and understand these regulations and may be relied upon by any person or entity accepting these animals for harvest.

Owner's/Exhibitor's Signature

Parent or Guardian's Signature

Date _____

Animal I.D. ear tag number (s) or notches

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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/Initia ls or Who Administered	Withdrawal Time Needed Before Harvest	Date Withdrawal Completed

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University Extension

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