



Swine

Iowa 4-H Animal Care and Management Disclosure Statement (Drug Affidavit)

Please print

County _____

Premise ID # (optional) _____

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, 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 we have reviewed the treatment and feed medication records for all exhibit swine and they meet or exceed the suggested withdrawal periods for Japan Maximum Residue Levels (MRLs) of pharmaceutical products listed on the National Pork Board web site, <https://www.porkcheckoff.org/pork-production-management/swine-health/>
- ❖ 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.
- ❖ We certify the Premise ID number(s) provided is the location(s) the exhibit swine were housed prior to arriving at the show and the exhibitor has an active/current FSQA or YQCA certification.
- ❖ 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)

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| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

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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