

Sheep Iowa 4-H Animal Care and Management Disclosure Statement

Please print							
County	Premise ID # (optional) First Name						
Last Name							
nimals will enter the food chain and become edible f mimal to all state and federal regulations involving p	e an obligation to be a responsible producer and that all market cood products for the consuming public. This subjects every exhibit roper drug usage and all Food & Drug Administration, Animal Plant rvice, and Environmental Protection Agency regulations.						
county 4-H & FFA fair, or the 4-H division of the	inderstand and will abide by all rules and regulations of the local e Iowa State Fair. We agree to the condition that these exhibit animals lative residues and foreign substances. Also, as a condition of entry, ast disqualification from other livestock shows.						
 We have completed the Treatment Records information 	mation on the back of this form for any injectable, water, or feed that has been administered to exhibit animals. Use of these products						
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 recapplicable, the requirements of the regulations co to the Federal Food, Drug, and Cosmetic act (unc	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 fe expected. Also exhibitors will be subjected to per	ederal authorities will be notified, and regulatory action can be						
We certify that, to the best of our knowledge, nor of the Federal Food, Drug and Cosmetic Act (nor derived from mammalian tissues, such as meat an	ne of the livestock described herein are adulterated within the meaning ne of the cattle or sheep have been fed any feed containing protein and bone meal from ruminants), not in compliance with 21 CFR ng for all feeds containing animal protein products. Copies of these						
all reproductively intact animals being exhibited.							
	rrect and accurate, and that we have read and understand these n or entity accepting my (our) animal(s) for harvest.						
We certify the exhibitor has an active/current FSQ	A or YQCA certification.						
Owner's/Exhibitor's Signature	Parent or Guardian's Signature						
Date							
Market Lamb County ear tag number (s)							

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
			1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
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