

Market Beef ear tag number(s):

## **MARKET BEEF**

C	County: Premise ID	Premise ID #:  First Name:						
La	Last Name: First Name:							
foc	As a youth livestock producer, I understand that I have an obligation to be a res food chain and become edible food products for the consuming public. This s regulations involving proper drug usage and all Food & Drug Administration,	ubjects every exhibit animal to all state and feder						
	Inspection Service, and Environmental Protection Agency regulations.							
>	We, the undersigned, certify that we have read, understand and will abide & FFA fair, or the 4-H division of the State Fair. We agree to the condition may be screened for violative residues and foreign substances. Also, as a concept for any past disqualification from other livestock shows.	that these exhibit animals (identified on this form						
>	We have completed the <u>Treatment Records</u> information on the back of this form for any injectable, water, or feed medicatic pesticide or other substance that has been administered to exhibit animals. Use of these products may require additional tire to meet legal withdrawal limits before harvest.							
>	We certify that our exhibit animals have <u>completed any withdrawal time</u> relative to the administration of any legal drug, vaccin or other substance, and are in compliance with applicable FDA and USDA regulations (and similar state regulations) concerning drug residues and withdrawal periods.							
>								
>	If violations are detected, appropriate state and federal authorities will be notified, and regulatory action can be expected. Als exhibitors will be subjected to penalties as determined by show management.							
<b>&gt;</b>	Effective 4/1/01 due to concerns of BSE. We certify that, to the best of our knowledge, none of the livestock described here are adulterated within the meaning of the Federal Food, Drug and Cosmetic Act (none of the cattle or sheep have been fed a feed containing protein derived from mammalian tissues, such as meat and bone meal from ruminants, not in compliance wi 21 CFR 589.2000). We have purchase invoices and labeling for all feeds containing animal protein products. Copies of the records are to be made available to FDA upon request. For more information and at the websit							
>	https://www.nrcs.usda.gov/Internet/FSE DOCUMENTS/nrcs144p2 033674.pdf  Effective 9/30/08: COOL (Country of Origin Labeling) Compliance. By signing below, I/we hereby certify that all animals liste were born and raised in the United States; we have followed all COOL compliance guidelines and have maintained the appropriate records to provide as proof of country of origin.							
>	Effective 7/2014: We certify the listed animals have not received any form of zilpaterol hydrochloride (Zilmax®, Showmax®, of any other formulation and/or derivative).							
>		Effective 1/1/2019: We certify the listed animals have been raised using Beef Quality Assurance principles.						
>	Fifective 1/1/2020: We certify that transportation of animals will/has be certified individuals.	Effective 1/1/2020: We certify that transportation of animals will/has been done by Beef Quality Assurance Transportation						
>	We further certify the information provided is correct and accurate, and that we have read and understand these regulatio and may be relied upon by any person or entity accepting my (our) animal(s) for harvest.							
 Ow	Owner / Exhibitor Signature Parent or Guard	lian Signature						
		firm below your certification:						
υai	Date BQA (Beef Quality	Assurance)						
	BQA Certificate Numb	er:						

BQA Training Expiration Date: \_\_\_\_\_

YQCA (Youth for the Quality Care of Animals)

YQCA Training Expiration Date: \_\_\_\_\_

Youth, please affirm below your certification:

YQCA Certificate Number: \_\_\_

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## **Individual or Pen Animal Treatment Records**

Treatment Date	Product Name	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
	Date	Date Name	feed feed	feed feed or SO topical)	feed feed or SO tenical) Administered	feed rescribed Administered Before