MARKET BEEF

4-H/FFA Animal Care and Management Disclosure Statement

County: _____ **Premise ID #:** _____

Last Name: _____ **First Name:** _____

As a youth livestock producer, I understand that I have an obligation to be a responsible producer and that all 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 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 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 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.
- *Effective 4/1/01 due to concerns of BSE.* 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 or sheep 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. For more information and at the website: 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 listed 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®, or any other formulation and/or derivative).
- *Effective 1/1/2019*: We certify the listed animals have been raised using Beef Quality Assurance principles.
- *Effective 1/1/2020:* We certify that transportation of animals will/has been done by Beef Quality Assurance Transportation certified individuals.
- 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.

_____ _____

Owner / Exhibitor Signature Parent or Guardian Signature

_____

Date

Market Beef ear tag number(s):

_____ _____ _____

Parent/Guardian, please affirm below your certification:

☐ BQA (Beef Quality Assurance)

BQA Certificate Number: _____

BQA Training Expiration Date: _____

Youth, please affirm below your certification:

☐ YQCA (Youth for the Quality Care of Animals)

YQCA Certificate Number: _____

YQCA Training Expiration Date: _____

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**