

**Market SWINE  
Arizona Youth Livestock  
Animal Care and Management Disclosure Statement**

**Please print - ink only**

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 fair, or the junior livestock division of the Arizona 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 Health Record 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.
- We certify that the swine came from only a pseudorabies Stage IV or Stage V state and there has not been evidence of swine dysentery (*Brachyspira hyodysenteriae*) in this herd during the past twelve months.
- 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's/Exhibitor's Signature

\_\_\_\_\_  
Parent or Guardian's Signature

Date \_\_\_\_\_

**Market Swine Identification**

Ear Tag Number				
Premise ID				
Ear Notches				

## MARKET SWINE HEALTH RECORD

Animal ID	Treatment (Date/Time)	Condition Being Treated	Estimated Weight	Product	Company	Lot and Exp. Date	Dose	Route of Admin. (IM,SQ,IV)	Name (Person giving treatment)	Withdrawal Time Needed	Withdrawal Complete (Date/Time)

**Medicated Feeds** *Remember to document ALL medicated feeds and withdrawal times*

Dates Fed	Medication Name (Medication added/included in feed & approximate amount)	Withdrawal Time	Withdrawal Complete (Date/Time)

Use separate forms for each animal if additional space is needed.

**I certify that I produced the animal(s) and I have listed ALL products and treatments they received while in my care.**

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_