

Market Beef ear tag number(s):

MARKET BEEF

County:		Premise ID #:	Premise ID #:						
Last N	lame:	First Name:	First Name:						
As a you	uth livestock producer, I understand that	I have an obligation to be a responsible producer and that all anim	als will enter th						
food ch	ain and become edible food products fo	r the consuming public. This subjects every exhibit animal to all s	tate and federa						
regulati	ons involving proper drug usage and all	Food & Drug Administration, Animal Plant Health Inspection Serv	ice, Food Safet						
Inspecti	ion Service, and Environmental Protectio	n Agency regulations.							
> We	We, the undersigned, certify that we have read, understand and will abide by all rules and regulations of the local county 4-1								
& F	FFA fair, or the 4-H division of the State Fair. We agree to the condition that these exhibit animals (identified on this form								
ma	may be screened for violative residues and foreign substances. Also, as a condition of entry, exhibitor agrees to a backgroun								
che	eck for any past disqualification from other	er livestock shows.							
> We	We have completed the <u>Treatment Records</u> 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 times.								
	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, vaccing								
	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 <u>not received drugs that are not in compliance with label indications</u> 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 here								
	are adulterated within the meaning of the Federal Food, Drug and Cosmetic Act (none of the cattle or sheep have been fed an								
	feed containing protein derived from mammalian tissues, such as meat and bone meal from ruminants, not in compliance wit								
	21 CFR 589.2000). We have purchase invoices and labeling for all feeds containing animal protein products. Copies of thes								
	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								
		Labeling) Compliance. By signing below, I/we hereby certify that							
		s; we have followed all COOL compliance guidelines and have	maintained th						
	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®,									
	other formulation and/or derivative).								
	·	mals have been raised using Beef Quality Assurance principles.	. T						
	Effective 1/1/2020: We certify that transportation of animals will/has been done by Beef Quality Assurance Transportation								
	tified individuals.	Lie correct and accurate and that we have read and understand t	hasa raqulation						
		I is correct and accurate, and that we have read and understand tating accepting my (our) animal(s) for harvest.	nese regulation						
and	a may be relied upon by any person or en	icity accepting my (our) animal(s) for harvest.							
Owner ,	/ Exhibitor Signature	Parent or Guardian Signature	-						
		Parent/Guardian, please affirm below your certification:							
Date									
Juic		BQA (Beef Quality Assurance)	1						

BQA Certificate Number: _____

YQCA (Youth for the Quality Care of Animals)

BQA Training Expiration Date: _____

Youth, please affirm below your certification:

YQCA Certificate Number: _____

YQCA Training Expiration Date: _____

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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