

Producer Affidavit & Market Rabbit **Health Record**

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I certify that I produced this animal, it was not fed any "prohibited" mammalian protein (i bone meal), per FDA regulation, CFR Title 21, and I have listed ALL products and treatmereceived while in my care and all withdrawal times have been met. I attest that the animal by this document is of(country) origin and raised in(country). Youth Signature:		times Medication Name Dates Fed (Medication included in feed and approximate amount of medication)	Medicated Feeds: Remember to	Treatments & Condition Being (Date & Time) Treated	Youth producers only list treatments administered while under your care. Do NOT list treatments administered prior to purchase. If you need additional space for treatments or medicated feeds use supplemental health form page—available at animalag.wsu.edu-"Youth Producers"	Sale Date:	Fair Tag #:	CA Ceruncation #:	Phone:	Premise ID (if available):	Address:	Name:	Youth Producer:	
	s animal, it was not fed any "I ition, CFR Title 21, and I hav nd all withdrawal times have (country) origin and raised in		Medication Name feed and approximate amount	document ALI	Estimated Weight	ts administer eatments or n	Pro	Pu Ad	Da	del	aff		 -	Pro
	fed any "prohibited" mam and I have listed ALL process have been met. I attes raised in(country).		Withdrawal Time (Instructed)	Remember to document ALL medicated feeds and withdrawal	Treatment Administered (Medication dispensed, amount and route of administration)	ed while under your ca nedicated feeds use sup	Producer Signature	Purchased From: Address:	Date Purchased:	delivered to	I (original producer) attest through first-hand knowledge, normal business records, or producer affidavit(s) that the animal referenced to by this document is of(country) origin, and i	Birth Date:	Herd Tag #/Ear Notch ID:	Producer Affidavit and Animal Information (Obtain from producer):
	ammalian prorounds and the roducts and the test that the z		Withdrawal Complete (Date & Time)	ithdrawal	d Drug Lot Number	re. Do NOT l plemental hea		•			st through fir al referenced	Breed/Color:		nimal Inforn
protein (i.e. meat & d treatments they ne animal referred to		knowledgeable and responsible producer" tein (i.e. meat & reatments they	and safe products by being a	"Produce healthy	Name (Person giving treatment)	Do NOT list treatments administered prior to purchase. mental health form page—available at animalag.wsu.ea		Cit	Premi		st-hand knowl to by this docu)T:	,	nation (Obtain
utho				Withdrawal Time (Instructed)	dministered p –available at	Print Name	(Farm Name) O: City. State. Zin:	Premise ID (if available):		nd knowledge, normal this document is of		•	from produc	
Give Subcutaneous (Sub-Q) injections under loose skin of neck or front flanks, using the tented method. Give Intra- muscular (IN injections in the neck. If label indicates a choice, use Sub- (under the skin) injections over IM		ive Subcutan jections unde front flanks, ethod. Give I jections in the label indicate nder the skin)	Withdrawal Complete (Date & Time)	rior to purch animalag.wsı	ne	(Farm Name) Office Phone: v. State. Zin:	ble):	9	business rec		Sex	er):		
			For prescription or extra label drug use, list the veterinarian's name, addreand phone.	ase. v.edu-"Youth				(Youth Produce	ecords, or producer (county) origin, and is		X			

discrimination may be reported through your local Extension Office. Extension programs and employment are available to all without discrimination. Evidence of Date:

Sarah M. Smith, Jean Smith, Jan Busboom, and Susan Kerr Revised and published November 2008