

# Producer Affidavit & Market Rabbit Health Record



**Youth Producer:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Premise ID (if available): \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 QA Certification #: \_\_\_\_\_  
 Fair: \_\_\_\_\_  
 Fair Tag #: \_\_\_\_\_  
 Sale Date: \_\_\_\_\_

**Producer Affidavit and Animal Information (Obtain from producer):**  
 Herd Tag #/Ear Notch ID: \_\_\_\_\_ Sex \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Breed/Color: \_\_\_\_\_

**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 is delivered to \_\_\_\_\_ (Youth Producer).**

**Date Purchased:** \_\_\_\_\_ **Premise ID (if available):** \_\_\_\_\_  
**Purchased From:** \_\_\_\_\_ (Farm Name) **Office Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_  
**Producer Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_

*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”*

Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount and route of administration)	Drug Lot Number	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label drug use, list the veterinarian's name, address, and phone.

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

<i>times</i> Dates Fed	Medication Name (Medication included in feed and approximate amount of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)

**“Produce healthy and safe products by being a knowledgeable and responsible producer”**

**Give Subcutaneous (Sub-Q) injections** under loose skin of neck or front flanks, using the tented method. Give **Intra-muscular (IM) injections** in the neck. If label indicates a choice, use **Sub-Q** (under the skin) injections over **IM**.



**I certify that I produced this animal, it was not fed any “prohibited” mammalian protein (i.e. meat & bone meal), per FDA regulation, CFR Title 21, and I have listed ALL products and treatments they received while in my care and all withdrawal times have been met. I attest that the animal referred to by this document is of \_\_\_\_\_ (country) origin and raised in \_\_\_\_\_ (country).**

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

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

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