## Tyson Fresh Meats Inc. Affidavit for Green County Fair

Due June 21, 2024 to the Extension Green County Office

4-H/FFA Animal Care and Management Disclosure Statement (Please print in blue or black ink)

Last Name of Family	Name of Family		(Only one form per family needed)		
Exhibitor's First Name(s)					
Address	Town	WI	Zip		
Premise ID # (**Required)		Date			

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 Green County fair. We agree to the condition that the exhibit animals identified on this form may be screened for violative residues, **Ractopamine (commonly known as Paylean)** and foreign substances. Also, as a condition of entry, exhibitor agrees to a background check for any past disqualifications 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 we have reviewed the treatment and feed medication records for all exhibits swine and they meet or exceed the suggested withdrawal periods for Japan Maximum Residue Levels (MRLs) of pharmaceutical products listed on the National Pork Board web site."** Website: <u>http://www.pork.org/Producers/JapanMRL.aspx</u>

□ 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. Exhibitors found in violation of this policy will banned from exhibiting swine at future County Fairs.

□ We certify these hogs did not originate from a herd under quarantine and there has not been evidence of swine dysentery (Brachyspira hyodysenteriae) in this herd during the past twelve months.

□ We certify Premise ID number(s) provided is the location(s) the exhibit swine were housed prior to arriving at the show and the exhibitor has an active/current YQCA certification.

□ We further certify the information provided below is correct and accurate, and that we have read and understand these regulations and may be relied upon by any person or entity accepting these animals for harvest.

Exhibitor's Signatures(s)

Parent or Guardian's Signature

List all Swine I.D. ear tag numbers for your family:

## 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/Initial Is or Who Administered	Withdrawal time needed before harvest	Date with- drawal completed
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 \*\* A Premise ID Number for the location that your swine are being housed at is required. You can obtain a Premise ID number by going to the following web site: <u>http://www.wiid.org/</u> or call 1-888-808-1910 to request a form. There is no fee to obtain a Premise ID.