



Goat Health Form

(Completed form **REQUIRED TO UNLOAD ANIMALS** at Manistee Co. Fair)



4-H Youth Producer Information:		
4-Her Name:	County Registered:	
Address:		
Phone #:	4-H Club:	
Market Animal (MA) Information:		
Breed/Purpose of Goat:	Ear Tag #:	Scrapies Tag #:
Goat DOB:	Date of Purchase:	County of Purchase:

(1) Goat's Name:	Ear Tag/Tattoo #:	Scrapies Tag #:
(2) Goat's Name:	Ear Tag/Tattoo #:	Scrapies Tag #:
(3) Goat's Name:	Ear Tag/Tattoo #:	Scrapies Tag #:
(4) Goat's Name:	Ear Tag/Tattoo #:	Scrapies Tag #:

CD&T Vaccination	
(MA) Date of Annual Vaccination:	Person Giving Vaccination:
(1) Date of Annual Vaccination:	Person Giving Vaccination:
(2) Date of Annual Vaccination:	Person Giving Vaccination:
(3) Date of Annual Vaccination:	Person Giving Vaccination:
(4) Date of Annual Vaccination:	Person Giving Vaccination:

Deworming: All 4-H Goats MUST be dewormed at least 30 days prior to coming to the Fair!	
Brand of Dewormer:	Date of Deworming:
Brand of Dewormer:	Date of Deworming:

General Health Notes						
	Date	Disbudded		Castrated (if applicable)		
MA Goat		YES	NO	YES	NO	N/A
(1) Goat		YES	NO	YES	NO	N/A
(2) Goat		YES	NO	YES	NO	N/A
(3) Goat		YES	NO	YES	NO	N/A
(4) Goat		YES	NO	YES	NO	N/A

Other Medications and Supplements		
Medication/Supplement:	Date Given:	Reason:

I certify that I produced this goat in a safe and healthy way. The goat was not fed any prohibited mammalian protein (i.e., meat and bone meal), per FDA regulations CFR 21. I have listed **ALL** products and treatments the goat received while in my care and have followed all withdraw times listed on the products/treatments.

4-Her Signature: _____

Parent/Guardian Signature: _____

Date: _____