



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



<b>4-H Youth Producer Information:</b>		
4-Her Name:		County Registered:
Address:		
Phone #:	4-H Club:	
<b>Animal Information:</b>		
Breed of Lamb:		Ear Tag #:
Lamb DOB:	Date of Purchase:	County of Purchase:

Vaccinations		
<b>Name of Vaccine:</b>		
<b>1<sup>st</sup> Vaccine:</b>	<b>Date Given:</b>	<b>Person Giving Vaccination:</b>
<b>2<sup>nd</sup> Vaccine:</b>	<b>Date Given:</b>	<b>Person Giving Vaccination:</b>

<b>Deworming: All 4-H Lambs MUST be dewormed at least 30 days prior to coming to the Fair!</b>	
<b>Brand of Dewormer:</b>	<b>Date of Deworming:</b>
<b>Brand of Dewormer:</b>	<b>Date of Deworming:</b>

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

I certify that I produced this lamb in a safe and healthy way. The lamb 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 lamb received while in my care and have followed all withdraw times listed on the products/treatments.

4-Her Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_