



Beef & Dairy Steer/Heifer Health Record
 (Completed form **REQUIRED TO UNLOAD ANIMALS** at Manistee Co. Fair)



4-H Youth Producer Information:			
4-Her Name:		County Registered:	
Home Address:			
Phone #:		4-H Club:	
Adult Contact Information			
Club Leader:		Phone #:	
Parent:		Phone #:	
Animal Information:			
Breed of Steer:		RFID#:	Ear Tag #:
Steer DOB:	Date of Purchase:	County of Purchase:	

Dewormer, Medications, or Other Treatments:		
Name of Medication/Treatment:	Date Given:	Person Giving Treatment:

Do NOT administer ANY medication, including dewormer, within 45 days of the Manistee County Fair without consulting a veterinarian AND the 4-H Livestock Council.

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

4-Her Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____