

Poultry Health Record Completed form REQUIRED TO UNLOAD ANIMALS at Manistee Co. Fair



4-H Youth Producer Information: 4-Her Name:					County Registered:		
Address	:						
Phone #	·•		4-H (luh:			
1110116 11	•		4110				
Ar	nimal In	formation					
		Bird Name/Identification			Market Division	Leg Band #	
	1						
	2						
	3						
	4						
	5						
	6						
	_	Bird Na	me/Identification		Show Bird Breed	Leg Band #	
	7						
	9						
	10						
	10						
Other M	1edicati	ons and Suppl	ements				
Medication/Supplement:		Date Given: Rea		:			
A 11		/avaant duale	\	for Dullon		. haina admittad ta tha	
All	-	•	=		ım and dusted for mites before sted on Move-In day of Fair, fre	_	
		i aligioulius. F	outry will be test	cu anu uu	sted on wove-in day or rail, he	te of charge.	
certify t	hat I pr	oduced these	poultry pens in a s	safe and h	ealthy way. These poultry pens	were not fed any prohib	
			• •		gulations CFR 21. I have listed		
iese poi	ıltry per	ns received wh	ile in my care and	have follov	ved all withdraw times listed or	the products/treatments	
Her Sigi	nature:					Date:	

Parent/Guardian Signature: _____

Date: _____