



# Producer Affidavit & Market Rabbit Health Record



**Youth Producer:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Premise ID (if available): \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 QA Certification #: \_\_\_\_\_  
 Fair: \_\_\_\_\_  
 Fair Tag #: \_\_\_\_\_  
 Sale Date: \_\_\_\_\_

**Producer Affidavit and Animal Information (Obtain from producer):**

Herd Tag #/Ear Notch ID: \_\_\_\_\_ Sex \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Breed/Color: \_\_\_\_\_  
**I (original producer) attest through first-hand knowledge, normal business records, or producer affidavit(s) that the animal referenced to by this document is of \_\_\_\_\_ (country) origin, and is delivered to \_\_\_\_\_ (Youth Producer).**  
 Date Purchased: \_\_\_\_\_ Premise ID (if available): \_\_\_\_\_  
 Purchased From: \_\_\_\_\_ (Farm Name) Office Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Producer Signature \_\_\_\_\_ Print Name \_\_\_\_\_

*Youth producers only list treatments administered while under your care. Do NOT list treatments administered prior to purchase. If you need additional space for treatments or medicated feeds use supplemental health form page—available at [animalag.wsu.edu](http://animalag.wsu.edu) -“Youth Producers”*

Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount and route of administration)	Drug Lot Number	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label drug use, list the veterinarian's name, address, and phone.

**Medicated Feeds:** *Remember to document ALL medicated feeds and withdrawal times*

Dates Fed	Medication Name (Medication included in feed and approximate amount of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)

**“Produce healthy and safe products by being a knowledgeable and responsible producer”**

**Give Subcutaneous (Sub-Q) injections** under loose skin of neck or front flanks, using the tented method. Give **Intra- muscular (IM) injections** in the neck. If label indicates a choice, use **Sub-Q** (under the skin) injections over **IM**.



**I certify that I produced this animal, it was not fed any “prohibited” mammalian protein (i.e. meat & bone meal), per FDA regulation, CFR Title 21, and I have listed ALL products and treatments they received while in my care and all withdrawal times have been met. I attest that the animal referred to by this document is of \_\_\_\_\_ (country) origin and raised in \_\_\_\_\_ (country).**

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PROJECT PHOTOS**









**4-H \_\_\_\_\_ Project Income**

Date	Items Sold or Premiums Earned	Income
	<b>Subtotal Sales/Premiums to Date By Fair :</b>	
	Sales after fair:	
	<b>Fair Premiums and or Market Sales:</b> (Estimate if unknown)	
	<b>Total Sales/Premiums Year to Date:</b> (Total from all the above lines.)	
	<b>Total Sales and Premiums Earned Year to Date:</b> (Total Sales/Premiums to Date from above)	
	<b>Total Project Expenses:</b>	
	(Subtract all Project Sales/Premiums from Expenses to determine year-end Project Profit or Loss)	
	<b>Profit or Loss:</b> (Circle Profit or Loss)	

4-H \_\_\_\_\_ Project Pedigree

(Your Animal, Fill in known fields)

Name/Ear/Tag# \_\_\_\_\_ Breed: \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
 Color: \_\_\_\_\_ Date Born: \_\_\_\_\_ Breeder: \_\_\_\_\_  
 Reg.# \_\_\_\_\_ Champion# \_\_\_\_\_ Weight: \_\_\_\_\_ Disposal Date: \_\_\_\_\_  
 GG Sire# \_\_\_\_\_ Breed: \_\_\_\_\_  
 G. Sire# \_\_\_\_\_ Breed: \_\_\_\_\_ Reg# \_\_\_\_\_ Ch#: \_\_\_\_\_  
 Color: \_\_\_\_\_ Reg# \_\_\_\_\_  
 Ch#: \_\_\_\_\_ Wt. \_\_\_\_\_ GG Dam# \_\_\_\_\_ Breed: \_\_\_\_\_  
 Sire# \_\_\_\_\_ Breed: \_\_\_\_\_ Reg# \_\_\_\_\_ Ch#: \_\_\_\_\_  
 Color: \_\_\_\_\_ Reg.# \_\_\_\_\_  
 G.Ch# \_\_\_\_\_ Wt: \_\_\_\_\_ GGSire# \_\_\_\_\_ Breed: \_\_\_\_\_  
 G. Sire# \_\_\_\_\_ Breed: \_\_\_\_\_ Reg# \_\_\_\_\_ Ch#: \_\_\_\_\_  
 Color: \_\_\_\_\_ Reg# \_\_\_\_\_  
 Ch#: \_\_\_\_\_ Wt. \_\_\_\_\_ GG Dam# \_\_\_\_\_ Breed: \_\_\_\_\_  
 Reg# \_\_\_\_\_ Ch#: \_\_\_\_\_  
 GG Sire# \_\_\_\_\_ Breed: \_\_\_\_\_  
 G. Sire# \_\_\_\_\_ Breed: \_\_\_\_\_ Reg# \_\_\_\_\_ Ch#: \_\_\_\_\_  
 Color: \_\_\_\_\_ Reg# \_\_\_\_\_  
 Ch#: \_\_\_\_\_ Wt. \_\_\_\_\_ GG Dam# \_\_\_\_\_ Breed: \_\_\_\_\_  
 Sire# \_\_\_\_\_ Breed: \_\_\_\_\_ Reg# \_\_\_\_\_ Ch#: \_\_\_\_\_  
 Color: \_\_\_\_\_ Reg.# \_\_\_\_\_  
 G.Ch# \_\_\_\_\_ Wt: \_\_\_\_\_ GGSire# \_\_\_\_\_ Breed: \_\_\_\_\_  
 G. Sire# \_\_\_\_\_ Breed: \_\_\_\_\_ Reg# \_\_\_\_\_ Ch#: \_\_\_\_\_  
 Color: \_\_\_\_\_ Reg# \_\_\_\_\_  
 Ch#: \_\_\_\_\_ Wt. \_\_\_\_\_ GG Dam# \_\_\_\_\_ Breed: \_\_\_\_\_  
 Reg# \_\_\_\_\_ Ch#: \_\_\_\_\_

This record is to follow your breeding project animal from year to year.



## 4-H \_\_\_\_\_ Breeding Project, Individual Weight Record of Offspring

Individual Weights of Offspring at \_\_\_\_\_ days

Birth Date	Sire	Dam	1	2	3	4	5	6	7	8	9	10	11	12

To figure the average weight of offspring: Add all offspring's weights, and then divide by the number of offspring.

Average weight of offspring: \_\_\_\_\_

To figure average daily weight gain: Divide the number of days by the average offspring weight.

Average daily weight gain: \_\_\_\_\_

Individual Weights of Offspring at Weaning: \_\_\_\_\_ days

Birth Date	Sire	Dam	1	2	3	4	5	6	7	8	9	10	11	12

To figure the average weight of offspring: Add all offspring's weights, and then divide by the number of offspring.

Average weight of offspring: \_\_\_\_\_

To figure average daily weight gain: Divide the number of days by the average offspring weight.

Average daily weight gain: \_\_\_\_\_

Individual Weights of Offspring at Time Sold: \_\_\_\_\_ days

Birth Date	Sire	Dam	1	2	3	4	5	6	7	8	9	10	11	12

To figure the average weight of offspring: Add all offspring's weights, and then divide by the number of offspring.

Average weight of offspring: \_\_\_\_\_

To figure average daily weight gain: Divide the number of days by the average offspring weight.

Average daily weight gain: \_\_\_\_\_



**4-H SUPPLEMENTAL RECORD**

Health Record, List the dates of illness or injury and treatment or vaccinations given.

Date	Injury/Illness	Treatment/Supplements	Withdrawal Periods	Comments

Show Record; List the dates and awards earned.

Date	Show	Awards	Comments

Supplemental information or remarks; anything you wish to add about the animal.

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# PROJECT HIGHLIGHTS

**What I learned:**


**Problems/challenges:**


**Successes:**


**What I would do differently next time:**


**Important things that I learned this year:**

(At the end of the project year, summarize what you did or learned)
