

Walworth County Fair Swine Affidavit
Animal Care and Management Disclosure Statement

ONE FORM PER EXHIBITOR

Please Print

Last Name _____ First Name _____

County _____ Club/Chapter _____ Premise ID# _____

As a youth livestock producer, I understand that I have an obligation to be a responsible producer and that all market animals will enter the food chain and become eligible food products for the consuming public. This subjects every exhibit animal to all state and federal regulations involving proper drug usage and all Food & Drug Administration, Animal Plant Health Inspections Service, Food Safety Inspection Service, and Environmental Protection Agency regulations.

____ We, undersigned, certify that we have read, understand and will abide by all rules and regulations of the local county 4-H/FFA fair. We agree to the conditions that these exhibit animals (identified on this form) may be screened for violative residues and foreign substances. Also, as a condition of entry, exhibitor agrees to a background check for any past disqualifications from other livestock shows.

____ We have completed the drug history information on the back of this form for any injectable, water, or feed medication, pesticide or other substance that has been administered to exhibit animals. Use of these products may require additional time to meet legal withdrawal limits before harvest. "We certify that we have reviewed the treatment and fee medications records for all exhibit swine and they meet or exceed the suggested withdrawal periods for Japan Maximum Residue Levels (MRLs) of pharmaceutical products listed on the National Pork Board website." Website: <http://www.pork.org/Producers/JapanMRL.aspx>

____ We certify that these exhibit animals have not received drugs that are not in compliance with label indications or, if applicable, the requirements of the regulations codifying the Animal Medicinal Drug Use Clarification Act amendment to the Federal Food, Drug, and Cosmetic act (under the direction of a valid Veterinary/Client/Patient relationship).

____ If violations are detected, appropriate state and federal authorities will be notified, and regulatory action can be expected. Also exhibitors will be subjected to penalties as determined by show management.

____ We certify these hogs did not originate from a herd under quarantine and there has not been evidence of swine dysentery (*Brachyspira hyodysenteriae*) in the herd during the past twelve months.

____ We certify Premise ID number(s) provided is the location(s) the exhibit swine were housed prior to arriving at the show and the exhibitor has an active/current YQCA certification.

____ We further certify the information provided below is correct and accurate and that we have read and understand these regulations and may be relied upon by any person or entity accepting these animals for harvest.

Animal Tag ID Numbers: _____

Signature of Exhibitor

Signature of Parent/Guardian

Date