



Livestock Health Care Records

Farm Name: _____
Producer Name(s): _____
Livestock Type: _____
Year: _____

Please list all animal health incidents and their corresponding treatment. All use of medications and alternative remedies must be listed. All farmers must keep this form and fill it out as the season progresses. This form, or a comparable record keeping system, must be submitted yearly with the application for re-certification, and available for inspection at the time of the certification field visit.

Date	Animal ID	Problem	Vet Used? (Y/N)	Treatment	Dates Withheld	Notes & Follow-Up



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