

# Market Rabbit Health Record



**Youth Producer**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Club (FFA/4H) \_\_\_\_\_  
 Fair: \_\_\_\_\_

**Animal Information**  
 Tattoo #: \_\_\_\_\_  
 Breed: \_\_\_\_\_  
 Variety: \_\_\_\_\_  
 Buck/Doe: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Born in: \_\_\_\_\_ (Country)

**Date Purchased:** \_\_\_\_\_  
**Purchased from (Breeder):**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

Treatments/ Dewormers Date & Time	Condition Being Treated	Treatment Administered (Medication Dispensed, amount, and location)	Name of Person Giving Treatment	Withdrawal Time	Withdrawal Completion

**Feeds:**  
 Brand of feed \_\_\_\_\_  
 Protein %: \_\_\_\_\_

**I certify that I produced this animal, that it was not fed any "prohibited" mammalian protein (i.e. bone meal/meat), per FDA regulation, CFR Title 21, and I have listed all products and treatments they received while in my care and withdrawal times have been met.**  
 Youth signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

