

QUALITY ASSURANCE FORM – JUNIOR MARKET ANIMALS

DUE AT PROCESSING IN JANUARY – DO NOT MAIL WITH ENTRIES

The National Western Stock Show (NWSS) endorses and supports the **USDA Wholesome Meat Act** and insists exhibitors be in compliance with proper utilization of medications. Exhibitors of all market animals must certify their compliance with manufacturer's pre-market withdrawal periods specified for any and all medications, drugs, pesticides or feed additives administered. The use of non-approved chemicals or improper use of approved chemicals is strictly prohibited. Similarly, unethical fitting, tampering with, or sabotage of animals is strictly prohibited.

CERTIFICATION AND STATEMENT OF DISCLOSURE

This certifies that the Junior Exhibitor has attended a quality assurance program and is thus permitted to participate in the NWSS. Additionally, the exhibitor/family agrees and consents to abide by the rules of competition and will be in compliance with the proper labeled use of vaccinations, medications and additives as required under the USDA Wholesome Meat Act, and the quality assurance requirements of NWSS, and that non-compliance can result in civil and/or criminal liability.

The exhibitor/family agrees not to engage in unethical fitting practices, tampering, or sabotage, and to use the proper animal husbandry techniques and practices to become a better steward of their projects(s). The exhibitor is responsible for the proper care and treatment of their animals, the production of wholesome foods and the development of sound moral character in themselves and others.

We acknowledge that NWSS reserves the right to examine, inspect, and test any market animal for drug residues, vaccinations, and injections of any nature and take any action deemed appropriate if testing results show any positive residues exceeding FDA/EPA/USDA established tolerance for any foreign substance including medications, drugs, pesticides, feed additives or chemicals. We acknowledge the right to examine, inspect, and test for vaccinations, injections, or unethical fitting. We acknowledge that NWSS reserves the right to pass any and all fees and costs required for examinations, inspections, and testing, if any, on to the exhibitor.

With this application, I verify that I have reviewed with the verifier, whose signature is provided below, the practices of the beef, lamb, swine, goat Quality Assurance Program(s). (Please return a fully completed form per each exhibitor & species.)

*We, the undersigned, further certify that the market animals listed on this form have not received any non-approved drugs and that we have adhered to the withdrawal time required for all approved drugs or medications. **Our signatures indicate we have read and understand the statements included on this document (ALL SIGNATURES REQUIRED).***

Exhibitor Name: _____ Phone Number: _____

PQA/YQCA/BQA/other Quality Assurance Certification Number: _____ Expires: _____
(please circle what program Exhibitor has completed)

Exhibitor Signature: _____ Date: _____

Parent/Guardian Name: _____ Cell Phone #: _____

Parent/Guardian Signature: _____ Date: _____

• • • VERIFIER CERTIFICATION – PLEASE READ CAREFULLY • • •

With this application, I verify that I have reviewed with the Exhibitor, whose signature is provided on this form, the practices of the beef, lamb, swine, goat Quality Assurance Program(s). I have discussed the exhibitor's responses to the checklists. It is my professional judgment that he/she has met the requirements of a current Quality Assurance Program.

Verifier Name (print) _____ Title: _____

Verifier Signature _____ Date _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

(OVER) PLEASE COMPLETE BOTH SIDES OF THIS FORM

Please check the species of the animal(s) you are referencing on this form (must fill out one form PER SPECIES):

Steer Lamb Goat Swine

Please list all animals in the lines below, regardless if they received any treatment or not. We further certify that the market animals listed below have not received any non-approved drugs and that we have adhered to the withdrawal time required for all approved drugs or medications.

ANIMAL NAME	ANIMAL ID# (Ear Tag/Tattoo/RFID/Brand)
_____	_____
_____	_____
_____	_____
_____	_____

Below is a complete history of all vaccinations/medications given to these animal(s) while under control of the exhibitor:

TREATMENT	ANIMAL ID#	DATE	EXHIBITOR'S INITIALS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please supply additional records if necessary.

REMINDER: ALL INFORMATION MUST BE COMPLETE ON BOTH SIDES OF THIS DOCUMENT.

• • • THIS FORM IS DUE AT THE TIME OF PROCESSING IN JANUARY – DO NOT SEND WITH ENTRIES • • •