

Poultry Quality Assurance Statement

Must be completed by all youth entered in Market Classes.

Exhibitor's Name: _____ Date: _____

Exhibit: _____ Weight: _____

Date Project was Hatched: _____

Feed

List type and when fed. For example –

1. Medicated chick started from June 10 through June 24.
2. Non-Medicated turkey grower from June 24 through August 30.
3. Non-Medicated turkey finisher from August 31 to present.

Type: _____ When Fed: _____

Type: _____ When Fed: _____

Type: _____ When Fed: _____

Type: _____ When Fed: _____

Type: _____ When Fed: _____

Medications

List any medications given (i.e. wormers, lice treatments, etc.) and date used.

Type: _____ When Used: _____

Type: _____ When Used: _____

Type: _____ When Used: _____

Type: _____ When Used: _____

Type: _____ When Used: _____

Exhibitor's Name (Please Print): _____ Phone #: _____

Exhibitor's Signature: _____ Date: _____

Parent's Signature (if under 18 years of age): _____