

Establish Effective Animal Identification, Medication Records, and Withdrawal Time

Good Production Practice #6

Assuring Quality Care for Animals

Food Animal Quality Assurance

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Why is ID important?

- Important management tool for producers
 - Performance measurements
 - Identify treated animals
 - Track ownership and movement
 - From birth to harvest
 - Track disease outbreaks in food animal industry
- Ensure consumer confidence through traceability of food animal products



Identification Methods

- Freeze Branding
 - Preferred method
 - No damage to hide and less stress to animal
- Hot Branding
 - Typically used as a farm or group ID
 - Damage to hide and decreases value



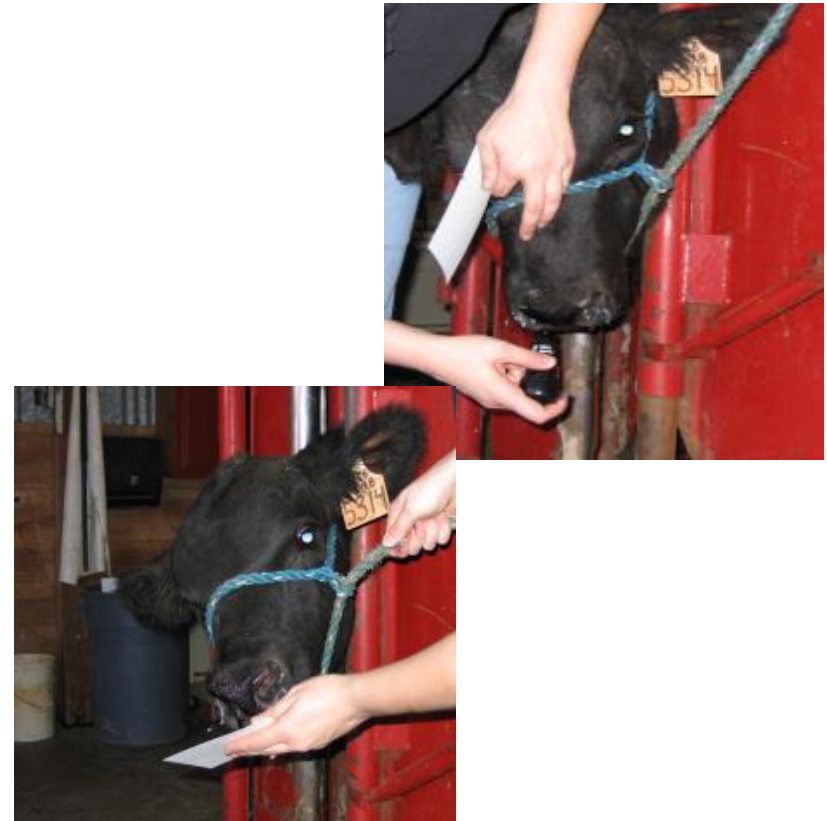
Identification Methods

- Tattoo
 - Permanent
 - Not easy to read for daily management
- DNA
 - Blood or hair
 - Unique to each animal



Identification Methods

- Nose Print
 - Like a finger print
 - Unique to each animal



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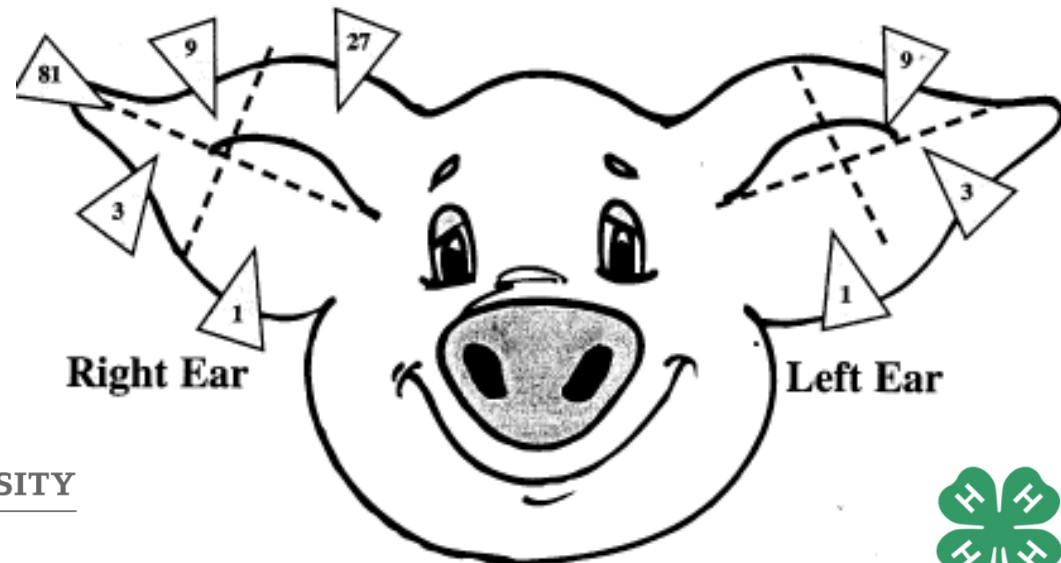
Identification Methods

- Ear Tags
 - Most common form of ID
 - Common ear tag is the least expensive
- Electronic ID (EID)
 - Ear tag, implant or rumen bolus



Identification Methods

- Ear notching
 - Used commonly in swine
 - Permanent



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Identification Methods

- Neck Chain



- Wing Band



- Leg Band



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Scrapie ID Program

- What animals must have a scrapie ID tag?
 - ALL intact sheep and goats
 - ALL sheep and goats over 18 months (including wethers)
 - Purchased outside of Ohio
 - Enter Ohio and used for exhibition or breeding purposes
 - Records must be kept for 5 years including:
 - Name and address of breeder, and
 - Buyer



Maintain Medication Treatment Records

- All food producers are required to keep medication and treatment records.
- Ohio Drug Use Notification Form (DUNF) must be filled out by ALL exhibitors of market and lactating animal projects.

OFFICIAL Form of the Ohio Department of Agriculture OAR 9009 (Rev. 1/2015)

NAME OF EXHIBITOR: _____ 2 DIGIT FAIR CODE IF APPLICABLE _____

EXHIBITOR/OWNER NAME _____

EXHIBITOR/OWNER ADDRESS _____ EXHIBITOR PHONE: (_____) _____

CITY, STATE, ZIP _____

ANIMAL IDENTIFICATION NUMBER _____ ANIMAL SPECIES: [] CATTLE, [] SWINE, [] HORSE, [] SHEEP, [] GOAT, [] OTHER (Specify): _____ ANIMAL DESCRIPTION (BREED, SEX, COLOR, ETC.): _____

1. HAVE I ATTENDED OR COMPLETED A QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS? YES NO

2. PROGRAM WAS PORK QUALITY ASSURANCE LEVEL III (YOUTH)? YES NO

3. I CERTIFY THAT THE ABOVE ANIMAL TO BE FREE OF MEDICATION, WHICH MEANS:

- THE ANIMAL HAS NOT BEEN TREATED WITH ANY DRUGS OR CHEMICALS THAT REQUIRE A WITHDRAWAL PERIOD AND NOT LISTED FOR LABEL DIRECTIONS.
- IF YOU HAVE CHECKED THIS BOX, SIGN BELOW AND DO NOT COMPLETE THE TREATMENT CHART.

IF THE ABOVE ANIMAL HAS BEEN MEDICATED, COMPLETE THE TREATMENT RECORD LISTING DRUGS FOR WHICH WITHDRAWAL PERIODS ARE NOT ELAPSED.

| DATE TREATED | TREATMENT METHOD | TREATMENT LEVEL | | | DATE WITHDRAWAL COMPLETE |
|--------------|------------------|-------------------------|---------------|-------|--------------------------|
| | | MEDICATION GIVEN (NAME) | AMOUNT (DOSE) | ROUTE | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

IF IN AN EXTRA LABEL OR IN A DRUG, LIST THE LICENSED VETERINARIAN'S NAME AND ADDRESS WHO ORDERED OR DIRECTED THE TREATMENT.

EXHIBITOR SIGN: _____ STATE, F.I.C. OR NUMBER: _____ DATE: _____

EXHIBITOR/OWNER SIGNATURE: _____ DATE: _____

WITHDRAWAL SIGNATURE: (SEE ABOVE TO SIGN IN SPACE OF DATE) _____ DATE: _____



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Treatment Records

- Should include:
 - Individual animal ID
 - Date treated
 - Name of product administered
 - Amount of drug administered (dosage)



Treatment Records

- Should include:
 - Route and location of administration
 - Withdrawal period
 - Earliest date animal(s) will have cleared the withdrawal period
 - Identity of the person who administered



Treatment Records

- Can include other important information:
 - Condition being treated
 - Weight of animal
 - Product lot/serial number
 - Results, comments
 - Look at species record books and quality assurance programs for treatment record options



Minimum Treatment Record

| Animal ID | Date & Time | Product | Dosage | Route of Admin | Withdrawal Period | Date & Time Withdrawal Complete | Person Administering |
|------------------|------------------------|----------------|---------------|-----------------------|--------------------------|--|-----------------------------|
| #100 | 7/4/18 9 AM | Omni-biotic | 10 cc | IM | 28 days | 8/1/18 9 AM | Joe Johnson, Vet |
| | | | | | | | |

From Project Record Book



Treatment Record Forms

- Drug Use Notification Form (DUNF)
 - Must be filled out by every animal exhibitor
 - Keep accurate records to correctly fill out form before exhibiting animal

DRUG USE NOTIFICATION FORM (DUNF)
Sections 1 through 9 **must** be completed prior to show

EXHIBITION / FAIR NAME: _____ 2 DIGIT FAIR CODE _____

PRINT CLEARLY

1. EXHIBITOR-OWNER NAME _____

2. MAILING ADDRESS _____
Street, P.O. Box Number _____ EXHIBITOR PHONE _____
City, State, Zip _____

3. ANIMAL IDENTIFICATION NUMBER (Tag, Tattoo or Legband) _____

4. ANIMAL SPECIES (CIRCLE ONE) _____
CATTLE HOGS SHEEP GOATS
OTHER (Specify) _____

5. ANIMAL DESCRIPTION (BREED, SEX, COLOR, ETC.) _____

6. I AM A JUNIOR FAIR MARKET LIVESTOCK EXHIBITOR AND I HAVE ATTENDED OR COMPLETED A QUALITY ASSURANCE PROGRAM DURING THE LAST 12 MONTHS OR I HAVE TESTED OUT OF A PROGRAM WITHIN MY AGE BRACKET.
YES NO

7. I CERTIFY THE ABOVE ANIMAL TO BE FREE OF MEDICATION.
IF YOU HAVE CHECKED THIS BOX, SIGN BELOW AND DO NOT COMPLETE THE TREATMENT CHART.

THE ABOVE ANIMAL HAS BEEN TREATED WITH A MEDICATION FOR WHICH THE WITHDRAWAL PERIOD HAS NOT ELAPSED.
Complete the treatment chart below.

| TREATMENT DATE | CONDITION BEING TREATED | TREATMENT GIVEN | | | | INSTRUCTED WITHDRAWAL TIME (# DAYS) | DATE WITHDRAWAL COMPLETE |
|----------------|-------------------------|---------------------------------------|---------------|---------------------------|---|-------------------------------------|--------------------------|
| | | MEDICATION GIVEN (NAME OF MEDICATION) | AMOUNT (DOSE) | ROUTE (Oral, SQ, IM, etc) | | | |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | | | | | | | |
| | | | | | | | |

IF THIS IS AN EXTRA LABEL OR Rx DRUG, A VETERINARIAN MUST HAVE PRESCRIBED THE MEDICATION.
LIST THE LICENSED VETERINARIAN'S NAME AND ADDRESS WHO PRESCRIBED OR DIRECTED THE TREATMENT:
VETERINARIAN NAME _____ STREET, P.O. BOX NUMBER _____ CITY, STATE, ZIP _____

8. EXHIBITOR-OWNER SIGNATURE _____ AGE _____ DATE _____

9. PARENT/GUARDIAN SIGNATURE _____ DATE _____
(REQUIRED IF EXHIBITOR IS UNDER 18 YEARS OF AGE)

DISTRIBUTION by Records Official:
AGR-DUNF (REV. 1/11) WHITE FORM: REVIEW UPON COLLECTION AND IMMEDIATELY FORWARD TO ODA
YELLOW FORM: TO BE RETAINED BY THE DESIGNATED RECORDS OFFICIAL FOR ONE YEAR
PINK FORM: TO BE GIVEN TO THE OWNER/EXHIBITOR

CHAMPIONS WILL BE REQUIRED TO COMPLETE A NEW DUNF TO BE SUBMITTED WITH URINE/HAIR SAMPLES TO THE TESTING LABORATORY



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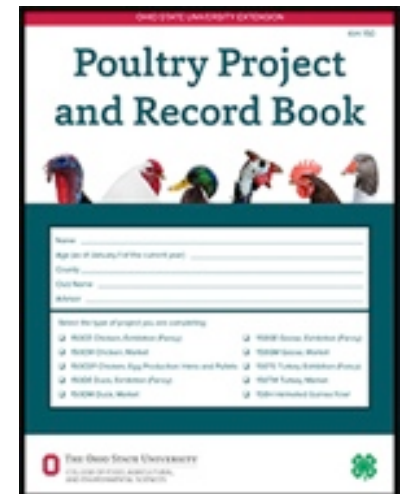
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Treatment Record Forms

- Individual or Pen Treatment Records
 - Project record books
 - Resource handbooks
 - PQA Level III Manual
 - Ohio Beef Quality Assurance Manual



How long should you keep your records?

| Species | Years |
|--|-------|
| Poultry, Rabbit | 1 |
| Beef, Dairy Beef | 2 |
| Swine | 3 |
| Sheep, Goats (Required by federal law) | 5 |
| Dairy Cows & Heifers | 5 |

** Ohio Law REQUIRES 1 year. These are recommendations by species.*

Animal Tracing

- An animal tracing movement record includes:
 - Animal's or group's identification number
 - PIN of sending and receiving premises
 - Date of movement
 - Number of animals moved and reason for movement
- Maintain records for recommended time depending on species and make available to animal health officials for inspection



Avoid Drug Residue: *Know and Observe Withdrawal Times*

- Period of time that must pass between the last treatment and the time the animal...
 - Will be harvested
 - Milk taken
 - Eggs harvested



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Avoid Drug Residue Violations

- Do **NOT** market animals for food until the withdrawal time is complete
- Only use medication approved for the species being treated
- Do exactly as the label directs or as prescribed by the veterinarian
- Consult veterinarian with questions and concerns
- If in doubt, conduct a drug residue test

