

Hog Bill of Sale

First Line of Defense

Date of Sale _____ Amount Paid \$ _____

Seller/Breeder Name _____

Address _____

Phone # _____

Buyer's Name (Sold To:) _____

Breed of Hog _____

Date of Birth of Hog _____

Optional: Sire _____ Dam _____

Health Record

Description	Date/Type Given	Number of Withdrawal Days to Slaughter
Upper Respiratory Shots*		
2 nd Vaccination		
Worming Shots*		
Iron Shots*		
Worming Medications		
Dusts		
Antibiotics, if given		
Castration, if applies		

* Your hog should have been given these medications when you pick up your hog.