

# Market Swine Health Record

Required for Fair Entry

Member is responsible for keeping accurate records.

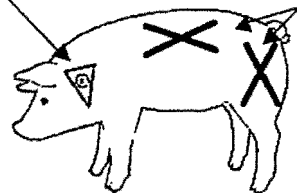
	<b>Animal Information</b> (Obtain from Producer):		
<b>Youth Producer:</b>	ID#	Import#	Date Purchased:
<b>Name:</b>	Breed/Color:		Purchased From:
<b>Address:</b>	Sex:		Address:
	DOB:		
<b>Phone:</b>	Date Weaned:		Phone:

Treatments/Dewormers Administered (Medication dispensed, Amount & Route of Administration)	Date	Condition Being Treated	Estimated Weight	EPA# or Drug's Lot No.	Withdrawal Time	Withdrawal Complete Date	For Prescription or Extra Label Drug Use, list the veterinarian's name, address & phone.

**Medicated Feeds** (Remember to document ALL medicated feeds and withdrawal times)

Dates Fed	Medication Name (Medication Added/Included in Feed & Approximate Amount of Medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	Dates Fed	Medication Name (Medication Added/Included in Feed & Approximate Amount of Medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)

Give Subcutaneous (Sub-Q) injections and Intra-muscular (IM) injections in the neck, in front of shoulder. If label indicates a choice, use Sub-Q (under the skin)



**NEVER** inject into the ham or loin area.

I certify that I produced this animal, it was not fed any "prohibited" mammalian protein (i.e., meat & bone meal), per FDA regulation, CFR Title 21, and I have listed ALL products and treatments it received while in my care and all withdrawal times have been met.

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT: This form due at Fair Weigh-In**