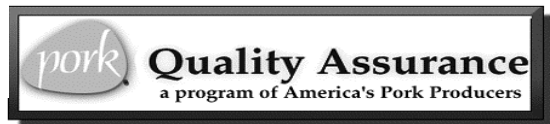


# Market Swine Health Record



**Animal Information (Obtain from producer):**

Identification #: \_\_\_\_\_ Sex \_\_\_\_\_  
 Breed/Color: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Castration Date: \_\_\_\_\_  
 Date Weaned: \_\_\_\_\_ Sire ID: \_\_\_\_\_  
 Sire PSS Gene Status: **Positive** **Carrier**  
 (please circle one) **Negative** **Untested**

**“Produce healthy and safe pork products by being a knowledgeable and responsible producer”**

**Date Purchased:** \_\_\_\_\_  
**Purchased From:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 PQA Certification: \_\_\_\_\_  
 (not required)  
 Date Certified: \_\_\_\_\_

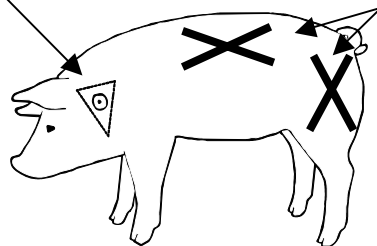
| Treatments & Dewormers<br>(Date & Time) | Condition Being Treated | Estimated Weight | Treatment Administered<br>(Medication dispensed, amount and route of administration) | Drug's Lot Number | Name<br>(Person giving treatment) | Withdrawal Time<br>(Instructed) | Withdrawal Complete<br>(Date & Time) | For prescription or extra label drug use, list the veterinarian's name, address, and phone. |
|---|-------------------------|------------------|--|-------------------|-----------------------------------|---------------------------------|--------------------------------------|---|
|   |                         |                  |  |                   |                                   |                                 |                                      |   |
|   |                         |                  |  |                   |                                   |                                 |                                      |   |
|   |                         |                  |  |                   |                                   |                                 |                                      |   |
|   |                         |                  |  |                   |                                   |                                 |                                      |   |
|   |                         |                  |  |                   |                                   |                                 |                                      |   |

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

| Dates Fed | Medication Name<br>(Medication added/included in feed and approximate amount of medication) | Withdrawal Time<br>(Instructed) | Withdrawal Complete<br>(Date & Time) |
|-----------|---|---------------------------------|--------------------------------------|
|           |   |                                 |                                      |
|           |   |                                 |                                      |

| Dates Fed | Medication Name<br>(Medication added/included in feed and approximate amount of medication) | Withdrawal Time<br>(Instructed) | Withdrawal Complete<br>(Date & Time) |
|-----------|---|---------------------------------|--------------------------------------|
|           |   |                                 |                                      |
|           |   |                                 |                                      |

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



**NEVER-**  
Inject in to the ham or loin

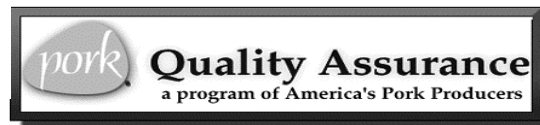
**I certify that I produced this animal and I have listed ALL products and treatments they received while in my care.**

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Youth Producer's Copy**

Prepared by: Sarah M. Smith, Jan Busboom, and Jean Smith

# Market Swine Health Record



**Animal Information (Obtain from producer):**

Identification #: \_\_\_\_\_ Sex \_\_\_\_\_  
 Breed/Color: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Castration Date: \_\_\_\_\_  
 Date Weaned: \_\_\_\_\_ Sire ID: \_\_\_\_\_  
 Sire PSS Gene Status: **Positive** **Carrier**  
 (please circle one) **Negative** **Untested**

**“Produce healthy and safe pork products by being a knowledgeable and responsible producer”**

**Date Purchased:** \_\_\_\_\_  
**Purchased From:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 PQA Certification: \_\_\_\_\_  
 (not required)  
 Date Certified: \_\_\_\_\_

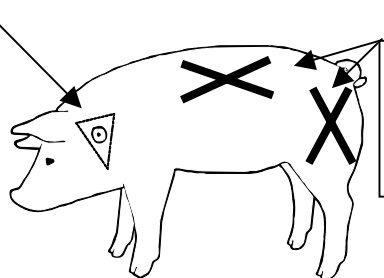
| Treatments & Dewormers<br>(Date & Time) | Condition Being Treated | Estimated Weight | Treatment Administered<br>(Medication dispensed, amount and route of administration) | Drug's Lot Number | Name<br>(Person giving treatment) | Withdrawal Time<br>(Instructed) | Withdrawal Complete<br>(Date & Time) | For prescription or extra label drug use, list the veterinarian's name, address, and phone. |
|---|-------------------------|------------------|--|-------------------|-----------------------------------|---------------------------------|--------------------------------------|---|
|   |                         |                  |  |                   |                                   |                                 |                                      |   |
|   |                         |                  |  |                   |                                   |                                 |                                      |   |
|   |                         |                  |  |                   |                                   |                                 |                                      |   |
|   |                         |                  |  |                   |                                   |                                 |                                      |   |
|   |                         |                  |  |                   |                                   |                                 |                                      |   |

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

| Dates Fed | Medication Name<br>(Medication added/included in feed and approximate amount of medication) | Withdrawal Time<br>(Instructed) | Withdrawal Complete<br>(Date & Time) |
|-----------|---|---------------------------------|--------------------------------------|
|           |   |                                 |                                      |
|           |   |                                 |                                      |

| Dates Fed | Medication Name<br>(Medication added/included in feed and approximate amount of medication) | Withdrawal Time<br>(Instructed) | Withdrawal Complete<br>(Date & Time) |
|-----------|---|---------------------------------|--------------------------------------|
|           |   |                                 |                                      |
|           |   |                                 |                                      |

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



**NEVER-**  
Inject in to the ham or loin

**I certify that I produced this animal and I have listed ALL products and treatments they received while in my care.**

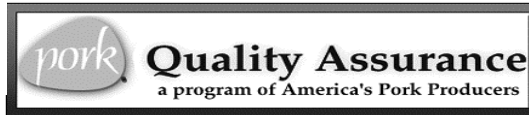
Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Youth Show/Fair Copy**

Prepared by: Sarah M. Smith, Jan Busboom, and Jean Smith

# Market Swine Health Record



**Animal Information (Obtain from producer):**

Identification #: \_\_\_\_\_ Sex \_\_\_\_\_  
 Breed/Color: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Castration Date: \_\_\_\_\_  
 Date Weaned: \_\_\_\_\_ Sire ID: \_\_\_\_\_  
 Sire PSS Gene Status: **Positive** **Carrier**  
 (please circle one) **Negative** **Untested**

**“Produce healthy and safe pork products by being a knowledgeable and responsible producer”**

**Date Purchased:** \_\_\_\_\_

**Purchased From:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

PQA Certification: \_\_\_\_\_  
 (not required)

Date Certified: \_\_\_\_\_

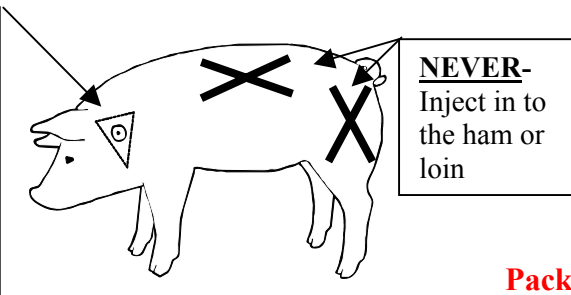
| Treatments & Dewormers<br>(Date & Time) | Condition Being Treated | Estimated Weight | Treatment Administered<br>(Medication dispensed, amount and route of administration) | Drug's Lot Number | Name<br>(Person giving treatment) | Withdrawal Time<br>(Instructed) | Withdrawal Complete<br>(Date & Time) | For prescription or extra label drug use, list the veterinarian's name, address, and phone. |
|---|-------------------------|------------------|--|-------------------|-----------------------------------|---------------------------------|--------------------------------------|---|
|   |                         |                  |  |                   |                                   |                                 |                                      |   |
|   |                         |                  |  |                   |                                   |                                 |                                      |   |
|   |                         |                  |  |                   |                                   |                                 |                                      |   |
|   |                         |                  |  |                   |                                   |                                 |                                      |   |
|   |                         |                  |  |                   |                                   |                                 |                                      |   |

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|-----------|---|---------------------------------|--------------------------------------|
|           |   |                                 |                                      |
|           |   |                                 |                                      |

| Dates Fed | Medication Name<br>(Medication added/included in feed and approximate amount of medication) | Withdrawal Time<br>(Instructed) | Withdrawal Complete<br>(Date & Time) |
|-----------|---|---------------------------------|--------------------------------------|
|           |   |                                 |                                      |
|           |   |                                 |                                      |

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



**I certify that I produced this animal and I have listed ALL products and treatments they received while in my care.**

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

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

**Packer's Copy**

Prepared by: Sarah M. Smith, Jan Busboom, and Jean Smith