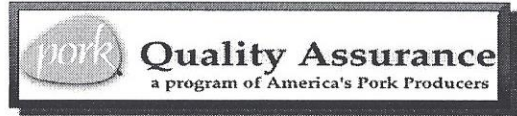


Market Swine Health Record



Youth Producer:
 Name: _____
 Address: _____

 Phone: _____
 PQA Program: _____
 Date Certified: _____
 Fair: _____

Animal Information (Obtain from producer):
 Identification #: _____ Sex _____
 Breed/Color: _____
 DOB: _____ Date Weaned: _____
 Sire PSS Gene Status: **Positive** **Carrier**
 (please circle one) **Negative** **Untested**
 Born in _____ (Country)

Date Purchased: _____
Purchased From:
 Name: _____
 Address: _____

 Phone: _____
 PQA Certification: _____
 (not required)
 Date Certified: _____

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

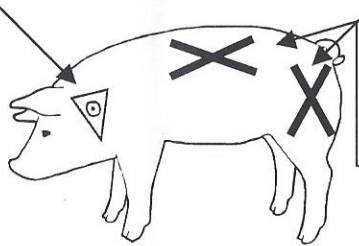
Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount and route of administration)	Drug's Lot Number	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label 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 (Medication added/included in feed and approximate amount of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)

Dates Fed	Medication Name (Medication added/included in feed and approximate amount of medication)	Withdrawal Time (Instructed)	Withdrawal Complete (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, and all withdrawal times have been met.

Youth Signature: _____ Date: _____
 Guardian Signature: _____ Date: _____

Youth Producer's Copy

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