

Market Hog Health Record

Animal Information (Obtain from producer):



Date

Youth Producer: Name: Address: Phone: PQA Program: Date Certified: Fair:				Identification #: Sex: Breed/Color: Date Weaned: Sire PSS Gene Status: Positive Carrier Negative Untested Born in: (Country) "Produce healthy and safe pork products by being a knowledgeable and responsible producer"					Date Purchased: Purchased From: Name: Address: Phone: PQA Program: (not required) Date Certified:					
Treatments Dewormer (Date & Tim	s Being Treated	Estimated Weight	Treatment Admi (Medication dispens and route of admi		sed, amount	Drug's Lot Numbe	(Perso	Name (Person giving treatment)		hdrawal Time tructed)	Withdrawal Complete (Date & Time)		use: List	xtra label drug he Vet name, s & phone.
Madicated F	Fands Remember	to document	ALL madi	cated feeds	and withdrawa	al times								
(Medication added/included in feed			thdrawal Time structed) Withdrawa Complete (Date & Time		Dates Fed		Medication Nam (Medication added/include and approx. amount of me			d in feed			Withdrawal Complete (Date & Time)	
	t all livestock refer	-	is docun	nent and ti	ransferred are	e	protein (i.e. listed ALL p	t I produced meat & boroducts and times have	ne me treat	al), per FD ments the	A regulati	ion, Cl	FR Title 21,	
Youth Signature D				ate			Youth Signature			Date				

Guardian Signature