

Market Swine Health Record



Youth Producer:
 Name: _____
 Address: _____
 Phone: _____
 PQA Program: _____
 Date Certified: _____
 Fair: _____

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

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

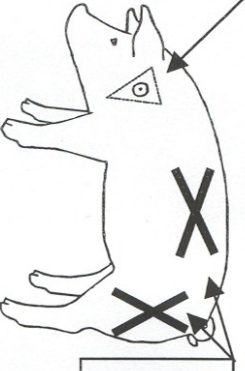
Date Purchased: _____
Purchased From: _____
 Name: _____
 Address: _____
 Phone: _____
 PQA Certification: _____
 (not required)
 Date Certified: _____

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, Ian Busboom, and Jean Smith, WSU

Country of Origin Affidavit/Declaration Statements
(Cool Affidavit)

Continuous Country of Origin Affidavit/Declaration: *(This following affidavit could be used by any operation in the livestock chain attesting to the Country of Origin of livestock but particularly for first-level producers.)*

As an affidavit is deemed by USDA as an official record of Country of Origin, I attest through first-hand knowledge, normal business record, or producer affidavit(s) that all livestock referenced by this document or other communications specific to the transaction and transferred are of _____ origin. Should the origin of my livestock become other than that described above, I agree to notify the buyer/agent when this occurs.

This affidavit/declaration shall remain in effect until revoked in writing by the undersigned and is delivered to _____ (agent/buyer).

Ear Tag # _____

Signature

Date

Business/Farm/Ranch Names/Location

**Eastern Oregon Livestock Show/Union County Fair Auction Participant
Market Hog Prohibited Feed Affidavit**

I _____ (print name) attest to the best of my knowledge, the following statement is true and correct regarding the market hog under my authority, direction, or ownership and which are supplied to the ___ EOLS Jr Market Auction or ___ UCF Jr Market Auction for slaughter.

My market hog has not been feed any fed containing the prohibited substance Ractopamine.

I agree that authorized Jr Market Auction officials may conduct inspection of feed records and feed facilities at locations from which my market hog under my direction (or ownership) are fed and which were raised with the intention of sale through the Jr Market Auction.

Signature: _____ Date: _____

4-H Club/FFA Chapter: _____ Phone: _____