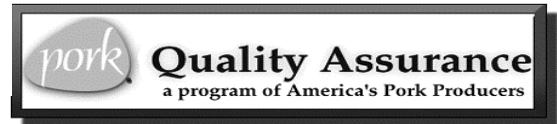


# Market Swine Health Record



**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”**

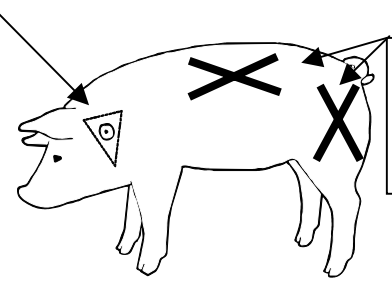
Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount and route of administration)	Drug's Lot Number	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label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

# Youth Producer Health Record Instructions

**Goal:** These records should reflect ALL treatment and care given while the animal is under YOUR care, including all animal health products and medicated feeds used.

\*\*\*DO NOT include health products administered by the breeder or seller of the animal; this information should be kept separate in your records. As the youth producer, the youth raising, showing and marketing the animal, you will sign this form to verify the health products administered to the animal while in YOUR care.\*\*\*



## Market Swine Health Record



**Youth Producer:**  
 Name: Emma Winner  
 Address: 111 Blue Ribbon Rd.  
Champion, WA 98111  
 Phone: (111)111-1111  
 PQA Program: National-NPB  
 Date Certified: 3/28/01  
 Fair: Jr. Show

**Animal Information (Obtain from producer):**  
 Identification #: 39 (Fair-124) Sex Gilt  
 Breed/Color: Hamp Cross  
 DOB: 9/7/01 Date Weaned: N/A  
 Sire PSS Gene Status: Positive Carrier  
 (please circle one) Negative Untested  
 Born in Canada (Country)

**Date Purchased:** 10/25/01  
**Purchased From:**  
 Name: Mr. Proud Producer  
 Address: 222 Bacon Ln.  
Pork Chop, WA 22222  
 Phone: (222) 222-2222  
 PQA Certification: National-NPB  
 (not required)  
 Date Certified: 2/8/00

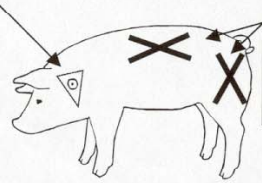
"Produce healthy and safe pork products by being a knowledgeable and responsible producer"

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.
10/25/01	Parasites	50#	Ivomec, SQ, 1/2 cc	PC 096	Emma	35 days	11/29/01	
3/3/02	Lame front left foot	230 #	Penicillin, IM, 10cc	6321462	Dr. Jones	11 days	3/14/02	Dr. Jones (111)111-1212
3/16/02	Cough/Fever	245 #	Naxcell, IM, 8cc	8321465	Dr. Jones	0 days	3/16/02	" "

### 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)
10/25 - 11/25/01	Top Chow Starter Chorotetracycline	7 days	12/2/02

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: Emma Winner Date: 3/25/02  
 Guardian Signature: Not Winner Date: 3-25-02

Youth Producer's Copy

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

Cooperative Extension programs and employment are available to all without discrimination. Evidence of discrimination may be reported through your local Cooperative Extension Office.

### Step 1:

Obtain an Animal Health Record for your animal prior to purchase and complete the "Youth Producer" information box.

### Step 4:

This step is to be kept up-to-date throughout the care and ownership of your animal when using ANY animal health-care products.

### WITHDRAWAL TIME:

is the amount of time from the last treatment until the animal can be marketed. It is found under the "warning section" of the label.

### Step 5:

Record any feeds that contain medications and their withdrawal time from last feeding. Do not use any feed that is not specifically formulated for the specific species you are feeding.

### Step 2:

Obtain breeder information. Be sure to include the date you purchased your project animal. Some breeders are involved in quality assurance programs. If so, include relevant information.

### Step 3:

Obtain animal information from the breeder, such as identification number, breed, date of birth, etc. Be sure to leave enough space on the identification line for show number if tagged during show.

**For Swine projects:** If the breeder has knowledge of the sire's Porcine Stress Syndrome (PSS) gene status, include that information.

### Step 6:

Youth and their parent or guardian will complete the certification box when they transfer the animal to the fair or show.

**NOTE:** Many fairs and packing plants are requiring youth to verify health-product and feed compliance. You may not be able to sell project animals at the fair or livestock show if you do not accurately complete the project animal health record. Animals are randomly tested for potential violations that may result in a monetary fine and/or criminal prosecution. Keep a copy of the health record for at least six (6) months after sale, and preferably a year.