



**Swine Health Record**  
(Completed form **REQUIRED TO UNLOAD ANIMALS** at Manistee Co. Fair)



<b>4-H Youth Producer Information:</b>		
4-Her Name:		County Registered:
Address:		
Phone #:	4-H Club:	
<b>Animal Information:</b>		
Breed of Hog:		Ear Tag #:
Hog DOB:	Date of Purchase:	County of Purchase:

<b>Vaccinations: Your hog must receive TWO vaccines for Microplasma, Influenza, Erysipelas &amp; Circovirus</b> First Vaccination – Must be given when you pick up your hog or at home Second Vaccination – Must be given 2 weeks later; NO LATER than June 1 <b>THERE IS A 60 DAY WITHDRAWAL</b>		
<b>Name of Vaccine:</b>		
<b>1<sup>st</sup> Vaccine</b>	<b>Date Given:</b>	<b>Person Giving Vaccination:</b>
<b>2<sup>nd</sup> Vaccine</b>	<b>Date Given:</b>	<b>Person Giving Vaccination:</b>

<b>Other Medications and Supplements</b>		
<b>Medication/Supplement:</b>	<b>Date Given:</b>	<b>Reason:</b>

I certify that I produced this hog in a safe and healthy way. The hog was not fed any prohibited mammalian protein (i.e., meat and bone meal), per FDA regulations CFR 21. I have listed **ALL** products and treatments the hog received while in my care and have followed all withdraw times listed on the products/treatments.

4-Her Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_