

**Central Washington State Fair
Swine Health Record – 2021**

1301 S. Fair Avenue
Yakima, WA 98901

Phone: 509-248-7160 | Fax: 509.248.8093 | Entry Office Email: agdept@fairfun.com

Producer Affidavit and Animal Information (Obtain from Producer):

Herd Tag #/Ear Notch ID: Sex:

Birth Date: Breed/Color:

I (original producer) attest through first-hand knowledge, normal business records, or producer affidavit(s) that the animal referenced to by this document is of (country) origin, and is delivered to (Youth Producer).

Date Purchased: Premise ID (if available):

Purchased from: (Farm Name) Office Phone:

Address: City, State, Zip:

Producer Signature: Print Name:

Producer email: _____

Producers only list treatments administered while under your care. Do Not list treatments administered prior to purchase.

If you need additional space for treatments or medicated feeds use supplemental health form page – available at animalag.wsu.edu.

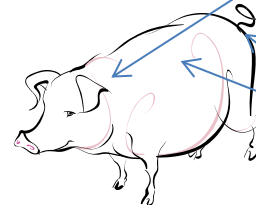
Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount and route of administration.)	Drug Lot #	Name (Person giving Treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label drug use, list the Veterinarian's name, address & phone

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

I certify that I produced this animal and I have listed ALL products and treatments they received while in my care/ownership and all withdrawal times have been met. I attest that the animal referred to by this document is of USA origin and raised in _____ (state & county).

Youth signature: _____ Date: _____

Guardian signature: _____ Date: _____



Never inject into the ham or loin area.

