



Swine Ear Notch Form

Name _____

Address _____

City and State _____

4-H Club _____

Form Completed By _____

The Swine Ear Notch form must be completed and submitted with the Warren County Produced from.

Notch Number: _____

Breed: _____

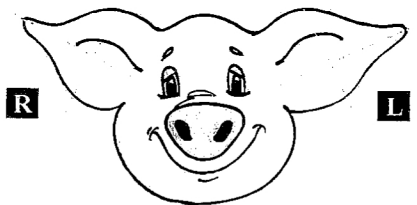
Circle One: PUREBRED or CROSSBRED



Notch Number: _____

Breed: _____

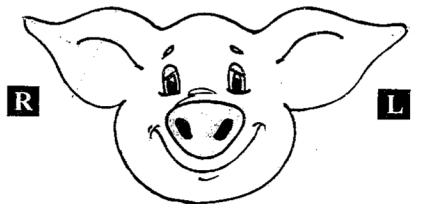
Circle One: PUREBRED or CROSSBRED



Notch Number: _____

Breed: _____

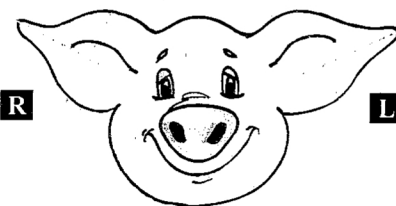
Circle One: PUREBRED or CROSSBRED



Notch Number: _____

Breed: _____

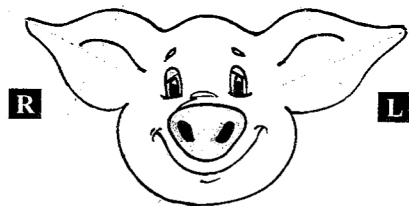
Circle One: PUREBRED or CROSSBRED



Notch Number: _____

Breed: _____

Circle One: PUREBRED or CROSSBRED



Notch Number: _____

Breed: _____

Circle One: PUREBRED or CROSSBRED

