INFORMATION ABOUT YOUR ANIMAL

Name:

Date of birth:

Ear tag nu	Individua	Individual pig number in the litter:									
If registere	ed, registrat	ion numb	er:		•						
Sire (boar)) name and	number:									
Sow name	and numb	er:									
VACCINA	ATION &TR	FATMEN	JT I	PECORI)						
Date and time of treatment	Estimated Weight of Pig	Vaccir Conditi	ccination or ndition being treated		Treatment given (medication dispensed, amount and route of administration)		Instructed Withdrawal		C	Withdrawal completed (date and time)	
	G AND FA	RROWIN	G F	RECORD	(for breed	ing anir	nal))	#	-	
Breeding history for:	Date Bred	Date Bred		Date Bred	Settled to: (Sire)		Litter Date		fem	# male and # female live births	
1 st litter											
2 nd litter											
3 rd litter											
MARKET	ANIMAL G	ROWTH	RF	CORD (for market a	animal)					
Name or IE of animal) Birth	Initial Weigh-in weight		Initial Weigh-i	Final	Final Weigh date	-in	Total weight gain	Total days fed	Average daily gain	

Breed:

Litter number:

(This page required for each animal in your project. Copy as needed)