

**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”**

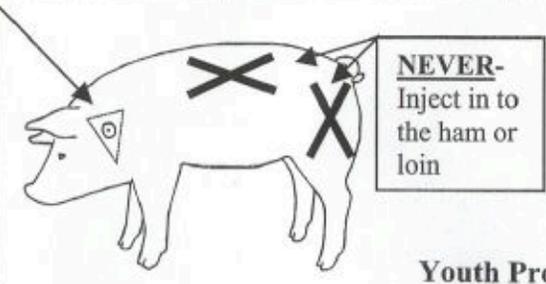
Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount and route of administration)	Drug's Lot Number	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label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



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**