

Individual Animal ID

Twin Falls County 4-H/FFA Swine Project

(A copy of this Individual Animal ID MUST be included in your Swine Project Record Book)

Date of Purchase: _____ 4-H Club/FFA Chapter: _____

Description of **gilt/barrow**: (**Breed, Sex, Color Description, Tag Number, etc.**): _____

Animals Date of Farrow _____

Vaccines/wormers given	Date Administered
_____	_____
_____	_____
_____	_____

SELLER NAME, _____
Address or premise number: _____

MEMBER/PURCHASER NAME, _____
Address or premise number _____

While under buyer's care, the animal was **TAGGED** or **RE-TAGGED** as follows: _____
(The first county weigh-in)

BEGINNING WEIGHT _____

DURING THE ENROLLED 4-H/FFA PROJECT YEAR, LIST ADDRESS WHERE ANIMAL(S) ARE HOUSED.

Address City, State Zip

Seller's Signature
(if available)

Purchaser's Signature
(required)