



2019 Certificate of Vaccination Completion Monroe County 4-H Swine Project

4-H Member:	Grade:	Years in 4-H:
4-H Member:	Grade:	Years in 4-H:
4-H Member:	Grade:	Years in 4-H:
4-H Member:	Grade:	Years in 4-H:
(as of Jan. 1, 2016)		(including this year)
Address:		
(Street or P.O. Box)	(City)	(State) (Zip)

* Families (as they appear in 4HOnline) may list all animals on one form. All 4-H members' names must appear on this form.

840-RFID Tag #	Ear Notch (pig's right ear - left ear)	Breed	Gender	H1N1 Influenza Vaccination Date	Other Vaccines Given:
840-					
840-					
840-					
840-					
840-					
840-					
840-					
840-					
840-					
840-					
840-					
840-					

(If more space is needed, please use an additional form.)

I certify that the information above is correct as it appears on this form.	
X _____ Veterinarian (Signature)	_____ (Date)
_____ (Address)	_____ (Phone)

I hereby certify that the animal(s) described on this form has met the above requirements and that this form is complete and accurate.		
X _____ 4-H Member (Signature)	X _____ 4-H Parent (Signature)	_____ (Date)

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