



# Exhibitor Swine Affidavit

## Animal Care and Management Disclosure Statement

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

PQA # \_\_\_\_\_ Premise ID # (voluntary) \_\_\_\_\_

As a livestock exhibitor, I understand that I have an obligation to be a responsible producer. All market animals will enter the food chain and become edible food products for the consuming public. This subjects every exhibit animal to all state and federal regulations involving proper drug usage and all Food & Drug Administration, Animal Plant Health Inspection Service, Food Safety Inspection Service, and Environmental Protection Agency regulations.

- We or I, the undersigned, certify that we or I, have **read, understand and will abide** by all rules and regulations of the livestock show and Hormel Foods Corporation. Exhibitor agrees to the condition that these exhibit animals (identified on this form) may be screened for violative residues and foreign substances. Also, as a condition of entry, exhibitor agrees to a background check for any past disqualification from other livestock shows.
- We or I, have completed the Treatment Records information on the back of this form for any injectable, water, or feed medication, pesticide or other substance that has been administered to exhibit animals. Use of these products may require additional time to meet legal withdrawal limits before harvest. **“We or I, certify that we have reviewed the treatment and feed medication records for all exhibit swine and they meet or exceed the suggested withdrawal periods for Japan Maximum Residue Levels (MRLs) of pharmaceutical products listed on the National Pork Board web site.”** Website: <http://www.pork.org/Producers/JapanMRL.aspx>
- We or I, certify that these exhibit animals have not received drugs that are not in compliance with label indications or, if applicable, the requirements of the regulations codifying the Animal Medicinal Drug Use Clarification Act amendment to the Federal Food, Drug, and Cosmetic act (under the direction of a valid Veterinary/Client/Patient relationship).
- If violations are detected, appropriate state and federal authorities will be notified, and regulatory action call be expected. Also exhibitors will be subjected to penalties as determined by show mgmt. and/or Hormel Foods.
- We or I, certify these hogs did not originate from a herd under quarantine and there has not been evidence of swine dysentery (*Brachyspira hyodysenteriae*) in this herd during the past twelve months.
- We or I, certify, Premise ID number(s) provided is the location(s) the exhibit swine were housed prior to arriving at the show and the exhibitor has an active/current PQA™ Level III/PQA Plus™ or Youth PQA™/Youth PQA Plus™.
- We or I, further certify the information provided is correct and accurate, and that we have read and understand these regulations and may be relied upon by any person or entity accepting these animals for harvest.

\_\_\_\_\_  
Owner/Exhibitor *Signature*

\_\_\_\_\_  
Parent/Guardian *Signature*

Date \_\_\_\_\_ Show name exhibited at \_\_\_\_\_ Hormel Tattoo # \_\_\_\_\_

Animal I.D. ear tag number (s) or notches:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Click on the Print button to print a copy(ies) of this page and then sign it. Click the Clear button to clear this form.

