

Program Pigs Form

Designated Program

ON-FARM INFORMATION

OWNER: _____
FARM NAME: _____
FARM ADDRESS: _____
CONTACT NUMBER(S): _____ LOAD #: _____
LOT ID: _____ BARN ID: _____
ESTIMATED TOTAL NUMBER OF HEAD ON LOAD: _____
Additional Comments: _____

I certify that the pigs identified as Program pigs have been produced in accordance to the specific program requirements (i.e. PVP, NFBA, PFRF, GHP, etc)

Farm or Production Manager / Supervisor (print): _____

Signature: _____ Date: _____

TRUCKING INFORMATION

COMPANY NAME: _____
ADDRESS: _____
TRUCKING CHARGE: _____
Directions to site: _____

I certify that the pigs identified above as Program pigs have been loaded, transported and unloaded according to industry standards specified in the TQA program. By signing this document, I am affirming that I have a current TQA certification.

TQA ID#: _____ TQA expiration date: _____

Truck Driver Name (print): _____

Signature: _____ Date: _____

PLANT INFORMATION

RECEIVING PLANT LOCATION: _____ (number) _____

TOTAL NUMBER RECEIVED: _____ (Official Count)

NUMBER OF DOA's: _____ NET WEIGHT: _____
NUMBER OF FATIGUED: _____ UNLOAD TIME: _____
NUMBER OF RESALES / NO VALUES: _____

The Program Pigs were tattooed with number(s)/head count: _____
The Program Pigs were placed into pen(s): _____
The pigs NOT meeting requirements were tattooed with number(s)/head cout: _____
The pigs NOT meeting requirements were placed into pen(s): _____

Plant Unloading Supervisor (print): _____

Signature: _____ Date: _____

Producer (Vendor) #: _____ Plant Clerk: _____