

PRODUCER

AFFIDAVIT FOR NEVER FED RACTOPAMINE HYDROCHLORIDE (BETA AGONIST) TO SWINE

Farm/Producer Site: _____

Date of Sale of Pigs to Exhibitor: _____

Total Number of Pigs Sold: _____

PQA+ ID Number of Producer (seller): _____

Never Fed Ractopamine Hydrochloride (beta agonist) to Swine
Producer Affidavit

I, _____, for the pigs pertaining to this affidavit, take responsibility for relevant practices applied in their raising from birth to sale date listed above. I do affirm that the pigs covered by this affidavit have never been fed the beta-agonist ractopamine hydrochloride (Paylean®, Optaflexx®, Engain®, or any generic derivative) from birth to sale date listed above. The pigs listed below can be traced back to the location(s) where they were raised while under my control. Applicable documentation tracing movement of these animals from ownership at birth to sale date listed above will be made available within 24 hours upon written request.

Producer Name, Postal Address, Phone and Email Address

Description of Animals				
Unique Identification at time of Sale (Individual Pig ID)	Pig Tattoo Number	Sex of Animal (Gilt or Barrow)	Breed or Color Description	Person Receiving Producer Affidavit

I certify that all statements made herein are true to the best of my knowledge.

Signature: _____ Date: _____

Printed Name and Title: _____

Warning: Persons willfully making false, fictitious, or fraudulent statements or entries are subject to fine or imprisonment or both as prescribed by Title 18 US Code 1001.

AFFIDAVIT REGARDING RACTOPAMINE HYDROCHLORIDE (BETA-AGONIST) TO SWINE

Fair or Exhibition Site: _____

Total Number of Pigs at this Fair or Exhibition under the Responsibility of this Parent or Legal Guardian: _____

Ractopamine Hydrochloride (beta-agonist) to Swine

I, _____, for the pigs pertaining to this affidavit, take responsibility for relevant practices applied in their raising from acquisition to harvest. I do affirm that the pigs covered by this affidavit have never been fed the beta-agonist ractopamine hydrochloride (Paylean®, Optaflexx®, Engain®, or any generic derivative) from acquisition to harvest. The pigs listed below can be traced back to the location(s) where they were raised while under my control. Applicable documentation tracing movement of these animals from acquisition to delivery for slaughter will be made available within 24 hours upon written request.

Exhibitor

Legal Guardian or Parent Name

Postal Address, Phone and Email Address

Description of Animals					
Unique Identification at the Fair or Exhibition (Individual Pig ID)	Pig Tattoo Number	Sex of Animal (Gilt or Barrow)	Breed or Color Description	Approximate Pig Age (days)	Person Receiving Producer Affidavit

I certify that all statements made herein are true to the best of my knowledge.

Exhibitor: _____ Date: _____

Printed Name and Title: _____

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Legal Parent or Guardian