

## CONFIRMATION OF NO MEDICATIONS ADMINISTERED

**I confirm that no medications were administered to pigs marketed from**

**Premises ID Number:** \_\_\_\_\_ **Barn:** \_\_\_\_\_

**between the following dates:**

**Date pigs entered barn:** \_\_\_\_\_ **Date last pig exited barn:** \_\_\_\_\_

**Printed Name of Barn/Site Manager:** \_\_\_\_\_

**Signature of Barn/Site Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_