

Proof of Inoculation for Erysipelas
1st Booster

Name of vaccine: _____

Manufacturer: _____

Lot#: _____

Expiration date: _____

Date given: _____

Signature of who administered: _____

Keep original in record book. Make a copy to turn into vet with pig at fair delivery day.

Proof of Inoculation for Erysipelas
2nd Booster

Name of vaccine: _____

Manufacturer: _____

Lot#: _____

Expiration date: _____

Date given: _____

Signature of who administered: _____

Keep original in record book. Make a copy to turn into vet with pig at fair delivery day.