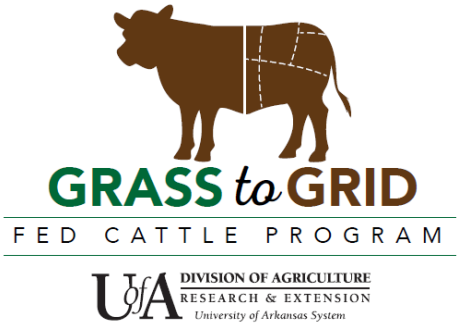
Health Verification Form



Weaning Date	

First Vaccinations Given	Date Given

Second Vaccinations Given + Dewormer	Date Given

****Please refer to "Grass to Grid" Health Protocol.****

I certify that by signing, I followed BQA standards and Health Protocol for this program.

_____ _____

Participant Signature **Date**

The University of Arkansas System Division of Agriculture is an equal opportunity/affirmative action institution.