

VETERINARY ADVISORY VISIT REPORT FORM

QMSA - PIGS MEMBERSHIP NO:..... UNIT NAME:

OBSERVATIONS/RECOMMENDATIONS:

BOARS:

DRY SOWS/GILTS:

FARROWING SOWS AND LITTERS:

TEETH CLIPPING & TAIL DOCKING POLICY

WEANERS:

GROWERS:

FINISHERS:

FOR WEANER/FINISHER UNITS ONLY, PLEASE INDICATE SOURCE OF THIS BATCH OF PIGS:.....

ISOLATION/ HOSPITAL PENS

VICES:

MEDICINES - RECORDS: AND STORAGE

VETERINARY HEALTH PLAN UP-TO-DATE: **YES/NO**

If there is insufficient space above for comments please use the back of this form. Thank you.

Name of Attending Vet:

Veterinary Practice:

Address

Postcode:

Tel No: Fax No:

Signature of Vet:Date of Visit:

Farm Representative's Signature:

Please return completed form to: QMSA - Pigs, Royal Highland Centre, 10th Avenue, Ingliston, Edinburgh, EH28 8NF or by fax to 0131 335 6601.