Swine Entry Form

Pennsylvania Livestock Evaluation Center

(One Form per pen of pigs Delivered)

Owner's Name: _____ SSN: _____

Farm Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number with Area Code: _____ Email: _____

Breed of Sire: _____ Breed of Dam: _____

Complete Name of Sire: _____ Reg.No.: _____

THE SECTION BELOW TO BE COMPLETED BY LEC PERSONNEL

LEC Pen Number _____ Arrival Date: _____

LEC Tag Color	Ear Notch R-L	Date Farrowed	No. Born	Sex	Wt.