MARKET SWINE INSPECTION

State Form 4848 (R7 / 4-12)

INDIANA STATE BOARD OF ANIMAL HEALTH
Discovery Hall
1202 East 38th Street, Suite 100
Indianapolis, IN 46205-2898
Telephone number: (317) 544-2400
Fax number: (317) 974-2011

Name of market	Date *(month, day, year)*
Address of market *(number and street, city, state, and ZIP code)*	

(H) - FREE OF OF SYMTOMS OF DISEASE (R) - REJECTED FOR SALE FOR FEEDING OR BREEDING
INDICATE THE TOTAL NUMBER OF ANIMALS UNDER (H) OR (R) IN THE PROPER RIGHT HAND COLUMN.

CONSIGNOR	ADDRESS	BREED	LOT - PEN NO.	IDENTIFICATION	TOTAL (H)	TOTAL (R)

I HEREBY CERTIFY: That this record is correct, and that I have examined the above identified animals and have found them to be, to the best of my knowledge, as indicated.

Name of veterinarian	Veterinarian code	Address *(number and street, city, state, and ZIP code)*

DISTRIBUTION: ORIGINAL - State Veterinarian; COPY - Market Records