

WHATCOM COUNTY YOUTH FAIR

SWINE HEALTH CHECK FORM

 **DO NOT RETURN AN ANIMAL WITHOUT FAIR MANAGER APPROVAL — NO MATTER HOW OBVIOUS THE ISSUE.**

Whenever possible, animals should be checked outside of the barn.

If any issues listed below are observed, **leave the animal in its original location** (ex: trailer) and do NOT unload.

ALL HEALTH CHECKS

1. Use **fresh disposable gloves** for each animal.
2. Checks must be performed by an **Adult Superintendent or Fair Volunteer age 18+**.
3. **One person per division** should complete all checks for consistency.
4. Practice **biosecurity** — wash hands, avoid nose-to-nose contact between animals, and limit cross-contact between trailers.

SWINE HEALTH CHECK LIST

Check each animal carefully for the following:

Respiratory / Illness Signs

- Coughing, labored breathing, open-mouth breathing
- Nasal discharge
- Eye discharge
- Fever appearance (hot to the touch, flushed skin, lethargy)

Behavior / Condition

- Depression, lethargy, not alert
- Off feed or not drinking
- Weakness or reluctance to move
- Thin body condition / sudden weight loss

Mobility

- Lameness
- Stiff movement
- Swollen joints
- Hoof injuries or overgrown hooves

Skin

- Skin lesions, blisters, or vesicles (especially on snout, mouth, or hooves)
- Red, inflamed, or diamond-shaped skin lesions
- Excessive scratching or rubbing
- Signs of mange or lice

Digestive

- Diarrhea
- Dehydration (sunken eyes, poor skin elasticity)

Other Concerning Signs

- Neurological signs (tremors, circling, incoordination)
- Hernias that are open, irritated, or infected
- Rectal prolapse
- Any open wounds or infections
- Sudden illness in multiple pigs from same location (ask exhibitor)

REQUIRED DOCUMENTATION

- Vaccination record as required for your division
- Proper identification per fair rules

⚠️ IF ANY SIGNS ABOVE ARE PRESENT:

DO NOT UNLOAD THE ANIMAL.

Immediately contact the **WCYF Fair Manager**:

Janel Black or Olivia with Kulshan Vet if she is present

 360-303-4171

DIVISION: _____ **YEAR:** _____

HEALTH CHECK PERFORMED BY: _____

MANAGER APPROVAL: _____

PLEASE PRINT! FORM MUST BE TURNED IN TO WCYF OFFICE AFTER CHECK IN

