



SLAUGHTER SWINE FORM

Market Name:		
Market Address:		
City:	State:	Zip:

This livestock market is approved by the USDA, APHIS, VS and Tennessee Department of Agriculture State Veterinarian’s Office to handle only swine that go to slaughter in pursuant of Title 9 Code of Federal Regulations (CFR) parts 71, 78, 85 and TDA Rule 0080-02-13-.01. **The swine purchased from this livestock market cannot be taken back to any production unit for production use or commingled with any other swine.**

The swine that are listed on this form **must be slaughtered within 120 hours of purchase** from the livestock market listed above.

Date of Sale	Swine Identification (backtag, farm tag, metal tag)

Name and physical address of buyer is REQUIRED (please print):

Buyer Name:			
Physical Address:			
City:	State:	Zip:	Phone:

I, _____, on this date, _____
(Buyer’s Signature – Required)

Agree and fully understand that the swine listed above **must be slaughtered within 120 hours of purchase.**

Name of slaughter facility to be used: _____

City and state slaughter facility is located: _____

Please submit to: TN Dept. Of Agriculture, Animal Health, P.O. Box 40627 Nashville, TN 37204 or to your Animal Health field representative.

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