

# DECLARATION OF MEDICATION FORM

(Use a separate form for each animal. This form must have all required signatures.)

Exhibitor Name: \_\_\_\_\_

Exhibitor Address: \_\_\_\_\_

Exhibitor City, State and Zip: \_\_\_\_\_

Exhibitors Phone: \_\_\_\_\_

Animal Description: \_\_\_\_\_

Animal Species: (circle one):      Beef      Sheep      Swine      Meat Goat      Poultry      Rabbit      Turkey

Animal Identification # (ear tag): \_\_\_\_\_

I certify the above animal **has not** been treated with prescription drugs and/or over-the-counter drugs.

I certify the above animal has been treated with an over-the-counter drug which the withdrawal period **has** been completed.

Condition being treated for: \_\_\_\_\_

Medication dispensed: \_\_\_\_\_ Dose given: \_\_\_\_\_

Labeled withdrawal time: \_\_\_\_\_

I certify the above named animal **has** been appropriately treated by a licensed veterinary practitioner with a medication as indicated below. The prescribed medication withdrawal period **has not** been completed by the date that is listed on this form.

I certify the above named animal **has** been appropriately treated by a licensed veterinarian practitioner with a medication as indicated above. The prescribed medication withdrawal period **has** been completed by the date that is listed on this form.

Condition being treated for: \_\_\_\_\_

Medication dispensed: \_\_\_\_\_ Dose given: \_\_\_\_\_

Labeled withdrawal time: \_\_\_\_\_

Instructed withdrawal time: \_\_\_\_\_

Name of licensed veterinarian providing care: \_\_\_\_\_

Signature of licensed veterinarian providing care: \_\_\_\_\_

Veterinarian Address, City, State, Zip and Phone: \_\_\_\_\_

Exhibitors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Leader/Advisor/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_