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:_____

Exhibitor Phone:_____

Animal Description:_____

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

Animal Identification #: _____
(Fair Ear Tag and Scrapie Tag Numbers if Sheep or Goat)

☐ I certify the above animal **has not** been treated with prescription drugs and/or other-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:_____ Date Administered:_____

☐ 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 veterinary 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:_____ Date Administered:_____

Instructed Withdrawal Time:_____

Name of Licensed Veterinarian Providing Care:_____

Signature of Licensed Veterinarian Providing Care:_____

Veterinarian Address, City, State, ZIP and Phone: _____

Exhibitor Signature:_____ Date:_____

Parent/Legal Guardian Signature:_____ Date:_____

Leader/Advisor/Supervisor Signature:_____ Date:_____