

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 Dairy Cattle Dairy Goat Poultry Rabbit

Animal Identification # (eartag) : _____

INITIAL BOXES AND COMPLETE ALL SECTIONS THAT APPLY

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

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

Condition being treated for: _____

Medication dispensed: _____ Dose Given _____

Dates of treatment: _____

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 veterinary practitioner with a medication as indicated below. 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 _____

Dates of treatment: _____

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/
Leader/Supervisor Signature: _____ Date: _____