

**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: (choose one) Beef    Sheep    Swine    MeatGoat    DairyCattle    Dairy Goat    Poultry

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

**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: \_\_\_\_\_