

# Glenn County Fair Medication Declaration Form

Form is due when the animal crosses the scale.

Every exhibitor of a market animal at the Glenn County Fair Junior Livestock Program must complete this form prior to the sale of their animal through the Junior Livestock Auction. One form per animal (except for meat pens).

By raising and selling a market animal, you are producing food for human consumption. Except for unmedicated food and water, anything you give your market animal (orally, topically or by injection) may cause residues that would make your animal unfit for human consumption. NEVER use any product that is not labeled for your market animal species. Examples include:

- Any human Over the Counter (OTC) or prescription product. (examples: melatonin, ibuprofen, cortisone or fungal cream)
- Any animal Over the Counter (OTC) product not labeled for the species. (examples: horse fly spray/wormer, Blu-Kote®)

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

Exhibitor Address/City/State/Zip: \_\_\_\_\_

Fair Ear Tag Number: \_\_\_\_\_ Species (circle one): steer hog lamb goat rabbit chicken turkey

**UNDER PENALTY OF PERJURY, I CERTIFY THAT:** (INITIAL AND COMPLETE ALL SECTIONS THAT APPLY)

**OVER-THE-COUNTER MEDICATIONS:** (examples include wormers, medicated feeds, topical sprays)

\_\_\_\_\_ I certify that the animal identified above has **NOT** been given Over-the-Counter medication.

\_\_\_\_\_ I certify that the animal identified above **HAS** been given Over-the-Counter medication. Fill out info below.

1. Dates of treatment: \_\_\_\_\_ Condition treated: \_\_\_\_\_

Medication: \_\_\_\_\_ Amount: \_\_\_\_\_

Route (circle): IV, in muscle, under skin, oral, topical Withdrawal time (days): \_\_\_\_\_

Veterinarian (if applicable): \_\_\_\_\_

2. Dates of treatment: \_\_\_\_\_ Condition treated: \_\_\_\_\_

Medication: \_\_\_\_\_ Amount: \_\_\_\_\_

Route (circle): IV, in muscle, under skin, oral, topical Withdrawal time (days): \_\_\_\_\_

Veterinarian (if applicable): \_\_\_\_\_

**PRESCRIPTION MEDICATIONS:** (examples include antibiotics, anti-inflammatories, mineral injections, sedatives)

\_\_\_\_\_ I certify that the animal identified above has **NOT** been given prescription medication.

\_\_\_\_\_ I certify that the animal identified above **HAS** been given prescription medication. Fill out info below.

1. Dates of treatment: \_\_\_\_\_ Condition treated: \_\_\_\_\_

Medication: \_\_\_\_\_ Amount: \_\_\_\_\_

Route (circle): IV, in muscle, under skin, oral, topical Withdrawal time (days): \_\_\_\_\_

Veterinarian (if applicable): \_\_\_\_\_

2. Dates of treatment: \_\_\_\_\_ Condition treated: \_\_\_\_\_

Medication: \_\_\_\_\_ Amount: \_\_\_\_\_

Route (circle): IV, in muscle, under skin, oral, topical Withdrawal time (days): \_\_\_\_\_

Veterinarian (if applicable): \_\_\_\_\_

Exhibitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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