

DECLARATION OF MEDICATION

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



Exhibitor Name: _____

SVF Ear Tag #

Club/Chapter Name: _____

Animal Species: (circle one)	<u>Market Beef</u>	<u>Market Sheep</u>	<u>Market Swine</u>	<u>Market Goat</u>
Form due on delivery dates	May 15	May 15	May 14	May 15

INITIAL AND COMPLETE ALL SECTIONS THAT APPLY

<input type="checkbox"/>	I certify the above animal has not been treated with any prescription or over the counter drugs , for which the withdrawal period has not elapsed.
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<input type="checkbox"/>	I certify that this animal was treated by a veterinarian with medication as listed below for which the withdrawal period has not yet elapsed.
Condition being treated for: _____	
Medication dispensed: _____	
Dates of treatment: _____	
Instructed withdrawal time: _____	

<input type="checkbox"/>	I certify that this animal was treated with an over the counter drug for which the withdrawal period has not yet elapsed.
Condition being treated for: _____	
Over the counter medication given: _____	
Dates medication was given: _____	
Labeled withdrawal time: _____	

The sale of my market animal project is contingent upon a veterinarian inspection at the time of delivery. If my animal is deemed not market ready by the veterinarian, I will not be able to participate in the Salinas Valley Fair and my animal must be removed from the fairgrounds immediately. If my animal fails inspection, I will also forfeit any auction and add-on monies.

Exhibitor signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____