

# DECLARATION OF MEDICATION

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



SVF Ear Tag #  
-----------------------

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

Club/Chapter Name: \_\_\_\_\_

Animal Species: (circle one)	<u>Market Beef</u>	<u>Market Sheep</u>	<u>Market Swine</u>	<u>Market Goat</u>
<b>Form due on delivery dates</b>	May 13	May 13	May 12	May 13

## INITIAL AND COMPLETE ALL SECTIONS THAT APPLY

<input type="checkbox"/>	I certify the above animal <b>has not been treated with any prescription or over the counter drugs</b> , for which the withdrawal period has not elapsed.
--------------------------	---

<input type="checkbox"/>	I certify that this animal was <b>treated by a veterinarian with medication as listed below</b> 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 <b>was treated with an over the counter drug</b> 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 and other noted consequences in the Salinas Valley Fair Livestock Guidebook.

Exhibitor signature: \_\_\_\_\_ Date: \_\_\_\_\_

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