



**2023 LARGE LIVESTOCK  
- DECLARATION OF MEDICATION FORM -**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Club/Chapter/Group: \_\_\_\_\_

Animal Species: \_\_\_\_\_ SBCF Tag #: \_\_\_\_\_ Scrapies #: \_\_\_\_\_

<p><b>INITIAL AND COMPLETE ALL SECTIONS THAT APPLY</b></p> <p><b>OVER THE COUNTER</b> _____ I certify the above indicated animal has <b>NOT</b> been treated with prescription drugs and/or over the counter drugs. _____ I certify the above indicated animal has been treated with an over the counter drug for which the withdrawal period <b>has</b> been completed.</p> <p><b>PRESCRIPTION</b> _____ I certify that above named animal has <b>NOT</b> been giving prescription medication _____ I certify that above named animal has been given prescription medication.</p>
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Condition being treated for: \_\_\_\_\_

Medication dispensed: \_\_\_\_\_

Dates of treatment: \_\_\_\_\_ Labeled withdrawal time: \_\_\_\_\_

Name of licensed veterinarian providing care: \_\_\_\_\_

Veterinarian Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name of Exhibitor \_\_\_\_\_ DATE \_\_\_\_\_

Signature of Exhibitor \_\_\_\_\_ DATE \_\_\_\_\_

Printed Name of Leader/Parent \_\_\_\_\_ DATE \_\_\_\_\_

Signature of Leader/Parent \_\_\_\_\_ DATE \_\_\_\_\_

This form **MUST** be turned in at the scale before your animal is weighed. **NO COMPLETE PAPERWORK - NO WEIGH-IN**