

2020 Market Animal Medication and Hormone Use Declaration

Exhibitor Name: _____

Club/Chapter: _____

Animal Tag/Tattoo Number: _____

Mailing Address: _____

Phone Number: _____

Email: _____



I, _____ (name of exhibitor) hereby certify based on firsthand knowledge and production records that the following statements are true. Further, I understand that if my animal is rejected at the processing center due to the presence of drug and/or hormone residues that I will be wholly responsible for all associated costs and that my ability to show/sell at future 17th District Agricultural Association Fairs will be subject to review by the Board of Directors.

INITIAL AND COMPLETE ALL SECTIONS THAT APPLY (add additional pages as needed)

_____ I certify the above animal was born and raised in the United States.

_____ I certify the above-named animal has not been treated with any prescription 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: _____

Date(s) of treatment: _____

Labeled withdrawal time: _____

_____ I certify the above-named animal has been treated with an over-the-counter drug for which the withdrawal period has not yet elapsed.

Condition being treated for: _____

Medication dispensed: _____

Dose Given: _____

Date(s) 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 been completed.

Condition being treated for: _____

Medication dispensed: _____

Dose Given: _____

Dates of treatment: _____

Instructed withdrawal time: _____

Name of licensed veterinarian providing care: _____

Veterinarian Address and Phone: _____

_____ 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 yet elapsed.

Condition being treated for: _____

Medication dispensed: _____

Dose Given: _____

Dates of treatment: _____

Instructed withdrawal time: _____

Name of licensed veterinarian providing care: _____

Veterinarian Address and Phone: _____

The following statements apply only to market lamb and market goat exhibitors:

_____ I certify my market lamb or goat has not had any added hormone treatments.

_____ I certify my market lamb or goat has never been in a flock or herd in which scrapie has diagnosed.

Exhibitor Signature: _____ **Date:** _____

Signature of Parent / Guardian : _____ **Date:** _____