

Exhibitor Name: _____

**MARKET ANIMAL DRUG HISTORY
2026 PORTAGE COUNTY FAIR-AMHERST**

PREMISES ID: _____

SPECIES: _____ Swine _____ Sheep _____ Turkey _____ Beef

EAR/LEG TAG(S): _____

CHECK ONE:

We hereby certify that this animal has not received, or been treated with drugs, antibiotics, tranquilizers, diuretics, steroids, non-steroidal anti-inflammatory drugs, antiparasiticides, or other substances.

The following products have been administered to the listed animal(s). Vaccines and medicated feed should also be included in this list.

* Please fill in tables on reverse. The following is an example.

Animal ID: 2-2

Date	Drug	Dose	Route	Reason	Withdrawal	Date W/D Complete	Person Giving Drug
1-21-16	iron	1ml	SQ neck	anemia	0	1-21-16	Mr. Farmer
1-28-16	Rhinishield	1ml	SQ neck	vaccine	21 days	2-18-16	Mr. Farmer
2-10-16	penicillin	1ml	SQ neck	castration	14 days	2-24-16	Veterinarian
2-18-16	Rhinishield	2ml	SQ neck	vaccine	21 days	3-11-16	Mr. Farmer
3-21-16	FluSure	2ml	SQ neck	vaccine	21 days	4-11-16	Veterinarian
3-15-5-31-16	Carbadox	25g/ton	feed	ileitis	42 days	7-12-16	Exhibitor
4-1-14	Draxxin	0.75ml	SQ neck	cough	18 days	4-19-16	Veterinarian
3-10-16	Dectomax	1ml	SQ neck	deworm/mange	24 days	4-3-16	Mr. Farmer
6-15, 6-16, 6-17-16	SafeGuard	9mg/kg	feed	deworm	0	6-17-16	Exhibitor

Signature of Exhibitor: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

