



26TH DISTRICT
AGRICULTURAL
ASSOCIATION

DECLARATION OF MEDICATION FORM

(Use a separate form for each "MARKET" animal)

Exhibitor Name: _____

Exhibitor Address: _____

City, State, Zip _____

Parent Phone: _____

Animal Species: _____ **Animal Breed:** _____

Animal Fair Tag/Tattoo#: _____ **Scrapies & Flock #:** _____
(if applicable)

CHECK BOXES AND COMPLETE ALL SECTIONS

I certify the above animal **HAS NOT** been treated with prescription or over the counter drugs for which the withdrawal period has not elapsed.

I certify the above animal **HAS BEEN** treated with an over the counter (OTC) drug for which the withdrawal period **HAS NOT** elapsed.

I certify the above animal **HAS BEEN** appropriately treated by a licensed veterinary practitioner with a medication (Prescription or Over the Counter) for which the withdrawal period has not elapsed. Veterinarian information **MUST** be completed below.

Licensed Veterinarian providing care:

Address of Veterinarian providing care:

City, State, Zip

Phone:

Condition being treated for:

Medication Dispensed:

Dates of treatment:

Labeled/Instructed withdrawal time:

Exhibitor

Signature:

Date:

Parent/Guardian

Signature:

Date: