



26TH DISTRICT
AGRICULTURAL
ASSOCIATION

DECLARATION OF MEDICATION FORM

Use a separate form for each "MARKET" animal.
This form must have all required signatures

Exhibitor Name: _____

Exhibitor Address: _____
(Including city, state & zip)

Parent Phone(s): _____

Animal Species: **STEER SWINE GOAT LAMB RABBIT CHICKEN TURKEY**
(Circle One)

Animal ID: _____
(Fair Ear Tag/Band/Tattoo and complete Scrapie and Flock ID # if goat or lamb)

(Initial ALL boxes that apply)

I certify the above animal **has not** been treated with prescription and/or over the counter drugs.

I certify the above animal **has** been treated with prescription and/or over the counter drugs for which the withdrawal period **has** been completed. (fill in the information below)

Condition being treated for: _____

Medication Dispensed: _____ Dose Given: _____

Labeled Withdrawal Time: _____ Date Administered: _____

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** been completed by the date that is listed on this form.

I certify the above-named animal **has** been appropriately treated by a licensed veterinary practitioner with a medication as indicated above. The prescribed medication withdrawal period **has** been completed by the date that is listed on this form.

Condition being treated for: _____

Medication Dispensed: _____ Dose Given: _____

Labeled Withdrawal Time: _____ Date Administered: _____

Instructed Withdrawal Time: - _____

Name of Licensed Veterinarian Providing Care: _____

Signature of Licensed Veterinarian Providing Care: _____

Veterinarian Address, City, State, Zip & Phone: _____

As the Exhibitor/Owner of this Market Animal, I acknowledge that I am responsible for my animal if it is rejected at the processing center due to the presence of drug residues. If drug residue is detected in my animal, we may be liable to the buyer(s) of the animal for an amount equal to THREE TIMES the purchase price and may also be liable for the attorney's fees and civil penalties (Food and Agriculture code Section 14363).

Exhibitor Signature: _____ Date: _____

Print Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____