

Glenn County Fair Medication Declaration Form

Form is due Tuesday, May 14, 2018 when the animal crosses the scale or in the livestock office by 5:00 pm

Every exhibitor of a market animal at the Glenn County Fair Junior Livestock Program must complete this form prior to the sale of their animal through the Junior Livestock Auction.

By raising and selling a market animal, you are producing food for human consumption. Except for unmedicated food and water, anything you give your market animal (orally, topically or by injection) may cause residues that would make your animal unfit for human consumption. NEVER use any product that is not labeled for your market animal species. Examples of products that are not legal to give your market animal:

- Any human Over-The-Counter (OTC) or prescription product. (examples: melatonin, ibuprofen, cortisone cream)
- Any animal Over-The-Counter (OTC) product not labeled for your market animal species. (examples: horse fly spray, Blue Kote[®], dog shampoo, nitrofurazone ointment, DMSO, horse wormer)

If you have any questions about the legality of a product or the withdrawals for a product, contact your veterinarian. A veterinarian may prescribe some of the above products in an extra-label manner, but he or she must follow certain rules and attach an extended withdrawal time.

Exhibitor Name: _____

Exhibitor Address: _____

Exhibitor City, State & Zip: _____

Exhibitor Phone: _____

UNDER PENALTY OF PERJURY, I CERTIFY THAT:

(INITIAL AND COMPLETE ALL SECTIONS THAT APPLY)

OVER-THE-COUNTER

_____ I certify that below named animal has **NOT** been given Over-The-Counter medication.

_____ I certify that below named animal has been given Over-The-Counter medication.

PRESCRIPTION

_____ I certify that below named animal has **NOT** been given prescription medication.

_____ I certify that below named animal has been given prescription medication.

IF MEDICATION IS GIVEN:

Condition being treated for: _____

Medication dispensed (with dose, route, duration): _____

Dates of treatment: _____

Labeled withdrawal time: _____

Name of licensed veterinarian providing care: _____

Species and Ear Tag Number: _____

Exhibitor Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____