



Declaration of Medication Form

Animal ID (fair tag) # _____ Scrapie Tag # _____ (sheep and goats only)

Animal Type (circle one): Beef Sheep Goat Swine Rabbit Chicken Turkey

Exhibitor: _____ Exhibitor Phone #: _____

Exhibitor Address: _____

Exhibitor City, State, Zip: _____

Please check:

- The animal identified above has **NOT** been treated with antibiotics, dewormers, or pharmaceuticals.

Or

- The animal above animal **HAS** been treated with an over the counter dewormer or antibiotic or pharmaceuticals which the withdrawal period has been completed.

Condition treated: _____ Date of Treatment: _____

Medication/wormer used: _____ Dose: _____

Dates of treatment: _____ Labeled Withdraw time: _____

If treated by a veterinarian, please complete the following:

- I certify the above-named animal has been appropriately treated by a licensed veterinary practitioner with medication indicated below. The prescribed medication withdrawal period has **NOT** been completed by the date of this form.
- I certify the above-named animal has been appropriately treated by a licensed veterinary practitioner with medication indicated below. The prescribed medication withdrawal period **HAS** been completed by the date of this form.

Condition treated: _____ Date of Treatment: _____

Medication dispensed: _____ Dose: _____

Dates of treatment: _____ Instructed Withdraw time: _____

Name of Licensed Veterinarian: _____

Address of Veterinarian (street, city, St. Zip): _____

Signature of Veterinarian: _____ Date signed: _____

Sheep and Goats only:

- I certify no added hormone treatments have been used on animal identified above.
- I certify the above-named animal was born and raised in the United State of America.

Exhibitor Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____