



Large Livestock Declaration of Medication Form

Exhibitor Name: _____

Club/Chapter Name: _____

Exhibitor Address: _____

Exhibitor City, State and Zip: _____

Animal Species: (Circle one) Beef Sheep Swine Meat Goat

Animal Identification # (ear tag): _____

Scrapies Identification #: _____ (Sheep and Meat Goats)

Initial Boxes and complete all sections that apply

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

I certify the above indicated animal has been treated with an over the counter drug for which the withdrawal period **has** been completed

Condition being treated for: _____

Medication dispensed: _____ Dose Given: _____

Dates of treatment: _____

Label Withdrawal time: _____

I certify the above indicated animal **has** been appropriately treated by a licensed vet with a medication as indicated below. The prescribed medication withdrawal period **has not** been completed by July 8, 2019.

I certify the above indicated animal **has** been appropriately treated by a licensed vet with medication as indicated below. The prescribed medication withdrawal period **has** been completed by July 8, 2019.

Condition being treated for: _____

Medication Dispensed: _____ Dose Given: _____

Date of treatments: _____

Instructed withdrawal time: _____

Name of Licensed Veterinarian providing care: _____

Exhibitors Signature: _____

Parent/Leader/Guardian Signature: _____

***Form Due at the scale before Weigh-In – NO COMPLETE PAPERWORK = NO WEIGH-IN!**

Notes