

DECLARATION OF MEDICATION FORM



Exhibitor Name: _____

Exhibitor Address: _____

Exhibitor City, State, & Zip: _____

Exhibitor Phone: _____

- Animal Description: _____
- Animal Species: (Circle one) Beef Sheep Swine Meat Goat Poultry Rabbit
- Animal Identification # (ear tag / tattoo): _____

INITIAL AND COMPLETE ALL SECTIONS THAT APPLY:

OVER THE COUNTER

_____ I certify that above named animal has **NOT** been given over the counter medication

_____ I certify that above named animal has been given over the counter medication

PRESCRIPTION

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

_____ I certify that above named animal has been given prescription medication

Condition being treated for: _____

Medication dispensed: _____

Dates of treatment: _____

Labeled withdrawal time: _____

Name of licensed veterinarian providing care: _____

Signature of licensed veterinarian providing care: _____

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

Exhibitor Signature: _____ Date: _____

Parent/Legal Guardian or
Leader/Supervisor Signature: _____ Date: _____

This form MUST be turned in at the scale before your animal is weighed