

MARKET ANIMAL DRUG HISTORY AFFIDAVIT

Please fill out a separate form for each animal. Due upon arrival at the Fair.

Exhibitor Name: _____

Parents Names: _____

Address (Include City & Zip): _____

Animal Description

Species: (Circle one) BOVINE SWINE SHEEP GOAT

Breed & Color: _____ RFID Tag #: _____

Age: _____ Gender: _____ Scrapies/Tattoo #: _____

MEDICATION & VACCINATION RECORD:

Date	Medication	Dosage	Treated for	Withholding time

I hereby certify that this animal has not received or been treated with drugs, tranquilizers, diuretics, steroids, antibiotics or any other substance without following current withdrawal procedures. Doing so could result in loss of premiums and repayment of auction money to the buyer.

Exhibitors Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____