

MARKET SWINE AFFIDAVIT:

MUST BE TURNED IN PRIOR TO UNLOADING AT THE FAIR

Exhibitor: _____

Parents: _____

Address: _____ Phone: _____

Address where animals are kept: _____

City: _____ State _____ Zipcode _____

Premise ID: _____ Tag numbers of animals being shown: 1. _____ 2. _____

I HEREBY CERTIFY THAT MY ANIMALS HAVE NOT RECEIVED, OR BEEN FED ANY RACTOPAMINE HYDROCHLORIDE (PAYLEAN). I UNDERSTAND THAT IF MY ANIMAL TESTS POSITIVE, I WILL NOT BE ELIGIBLE FOR ANY CHAMPIONS, I WILL LOSE MY FAIR PREMIUMS AND I WILL NOT BE ELIGIBLE TO SELL ON THIS YEARS AUCTION. FAILURE TO RETURN THIS FORM WILL BE CONSIDERED ADMISSION OF GUILT AND RESULT IN THE PENALTIES AS LISTED ABOVE. A POSITIVE TEST WILL ALSO RESULT IN ALL OTHER ANIMALS HOUSED AT THE SAME PREMISE TO BE TESTED.

SIGNATURE OF EXHIBITOR _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____