



Name of Exhibitor: _____ Contact #: _____
Club/Chapter/Independent: _____ Animal Identification #: _____
ear tag/tattoo/ear notch
Market Animal Species: (Circle one) Beef Sheep Swine Goat Rabbits Turkey Chickens

Any market animal receiving drug treatment with or without veterinarian care before fair time not meeting withdrawal time will not be allowed to exhibit.

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 Veterinarian: _____ Phone # of Vet: _____

Signature: _____ Date: _____

A sick animal may be pulled from exhibiting with Veterinarian recommendation and Livestock Superintendent's approval. If pulled, the animal must leave immediately. If in the Vet's diagnosis, the animal will be acceptable for market, the animal may stay and be auctioned. The Vet and the Superintendent must agree to a course of action. Any animal shown in a market class and qualifying for the auction are terminal. Any animal receiving drug treatment at Fair, with or without veterinarian care, not meeting withdrawal specifications will not go through the livestock auction. The exhibitor will receive the current auction resale amount for their animal. It will be quarantined at the exhibitor's expense. Any tests or fees absorbed will be at the exhibitor's expense. When the animal is cleared at the end of quarantine, it will be terminated and processed. The livestock auction check will be held until the issue is fully resolved.

This form MUST be turned in at the scale during weigh in
You will not be allowed to weigh your market animal without this form

Exhibitor Signature: _____ Date: _____

Parent/Legal Signature: _____ Date: _____

Leader/Advisor Signature: _____ Date: _____