

**DECLARATION OF MEDICATION FORM**  
(Use a separate form for each animal)



**A SEPARATE FORM MUST BE TURNED IN AT OFFICIAL WEIGH-IN AT BOTH FAIRS**

Exhibitor Name: \_\_\_\_\_

Exhibitor Address: \_\_\_\_\_

Exhibitor City, State and Zip: \_\_\_\_\_

Exhibitor Phone: \_\_\_\_\_

▪ Animal Description: \_\_\_\_\_

▪ Animal Species: (circle one) Beef Sheep Swine Meat Goat Poultry Rabbit

▪ Animal Identification # (eartag/tattoo): \_\_\_\_\_

**INITIAL AND COMPLETE ALL SECTIONS THAT APPLY**

**OVER THE COUNTER:**

\_\_\_\_\_ I certify the above named animal **has not** been given over the counter medication.

\_\_\_\_\_ I certify the above named animal has been given over the counter medication.

**PRESCRIPTION:**

\_\_\_\_\_ I certify the above named animal **has not** been given prescription medication.

\_\_\_\_\_ I certify the 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:** \_\_\_\_\_