



### LIVESTOCK MEDICATION DECLARATION FORM

Use a separate form for each animal – must have all required signatures

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

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

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

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

Animal Identification # (ear tag/tattoo): \_\_\_\_\_

#### INITIAL BOXES AND COMPLETE ALL SECTIONS THAT APPLY

I certify the above-named animal **has not been** treated with prescription and/or over-the-counter drugs.

I certify the above-named animal **has been** treated with an over-the-counter drug for which the withdrawal period **has been** completed.

Condition being treated for: \_\_\_\_\_

Medication dispensed: \_\_\_\_\_ Dose Given: \_\_\_\_\_

Dates of treatment: \_\_\_\_\_

Labeled withdrawal time: \_\_\_\_\_

I certify the above-named animal **has been** appropriately treated by a licensed veterinary practitioner with a medication as indicated below. The prescribed medication withdrawal period **has not** been completed by the date that is listed on this form.

I certify the above-named animal **has been** appropriately treated by a licensed veterinary practitioner with a medication as indicated below. The prescribed medication withdrawal period **has been** completed by the date that is listed on this form.

Condition being treated for: \_\_\_\_\_

Medication dispensed: \_\_\_\_\_ Dose Given: \_\_\_\_\_

Dates of treatment: \_\_\_\_\_

Instructed withdrawal time: \_\_\_\_\_

Name of licensed veterinarian providing care: \_\_\_\_\_

Signature of licensed veterinarian providing care: \_\_\_\_\_

Veterinarian Address and Phone: \_\_\_\_\_

Exhibitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Leader/Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_