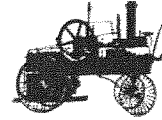


AMADOR COUNTY FAIR

26TH DISTRICT AGRICULTURAL ASSOCIATION
DECLARATION OF MEDICATION FORM
(Use a separate form for each animal)



Exhibitor Name: _____

Exhibitor Address: _____

Exhibitor City, State and Zip: _____

Exhibitor Phones: _____

· Animal Description: _____ · Animal Identification #(eartag/tattoo): _____

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

INITIAL BOXES AND COMPLETE ALL SECTIONS THAT APPLY

I certify the above named animal ***has not*** been treated with prescription or over the counter drugs for which the withdrawal period has not elapsed.

I certify the above named animal ***has been*** appropriately treated by a licensed veterinary practitioner with a medication for which the withdrawal period has not elapsed.

Condition being treated for: _____

Medication dispensed: _____

Dates of treatment: _____

Instructed withdrawal time: _____

Name of licensed veterinarian providing care: _____

Address of licensed veterinarian providing care: _____

City, State, Zip and Phone of Veterinarian: _____

I certify the above named animal ***has been*** treated with an over the counter drug for which the withdrawal period has not elapsed.

Condition being treated for: _____

Over the Counter Medication given: _____

Dates medication was given: _____

Labeled withdrawal time: _____

Exhibitor Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____