



# Declaration of Medication Form

- Bring to scale, 1 animal per form

Animal ID (fair tag) # \_\_\_\_\_ Scrapie Tag # \_\_\_\_\_ (sheep and goats only)

Animal Type (circle one): Beef Sheep Goat Swine Rabbit Chicken Turkey

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

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

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

Please check:

- ☐ The animal identified above has NOT been treated with antibiotics, dewormers, or pharmaceuticals.  
Or  
☐ The animal above animal HAS been treated with an over the counter dewormer or antibiotic or pharmaceuticals which the withdrawal period has been completed.

Condition treated: \_\_\_\_\_ Date of Treatment: \_\_\_\_\_

Medication/wormer used \_\_\_\_\_ Dose: \_\_\_\_\_

Dates of treatment: \_\_\_\_\_ Labeled Withdraw time: \_\_\_\_\_

If treated by a veterinarian, please complete the following:

- ☐ I certify the above-named animal has been appropriately treated by a licensed veterinary practitioner with medication indicated below. The prescribed medication withdrawal period has NOT been completed by the date of this form.  
☐ I certify the above-named animal has been appropriately treated by a licensed veterinary practitioner with medication indicated below. The prescribed medication withdrawal period HAS been completed by the date of this form.

Condition treated: \_\_\_\_\_ Date of Treatment: \_\_\_\_\_

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

Dates of treatment: \_\_\_\_\_ Instructed Withdraw time: \_\_\_\_\_

Name of Licensed Veterinarian: \_\_\_\_\_

Address of Veterinarian (street, city, St. Zip): \_\_\_\_\_

Signature of Veterinarian: \_\_\_\_\_ Date signed: \_\_\_\_\_

Sheep and Goats only:

- ☐ I certify no added hormone treatments have been used on animal identified above.  
☐ I certify the above-named animal was born and raised in the United State of America.

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

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_