

## Animal Drug History

SPECIES (No. of):    \_\_\_\_\_ BEEF    \_\_\_\_\_ DAIRY    \_\_\_\_\_ SHEEP    \_\_\_\_\_ SWINE

I hereby certify that this animal has not received, or been treated with drugs, tranquilizers, diuretics, steroids, antibiotics, or other substances without following current withdrawal procedures.

Products and dates administered to animal(s)...Identify animals:

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Date \_\_\_\_\_                      Signature of exhibitor \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Phone \_\_\_\_\_                      Address \_\_\_\_\_  
\_\_\_\_\_

\*\*\*Sign and give this form to the Superintendent\*\*\*

**Administration of any medication to animals at the Fair shall have prior approval of the Fair Veterinarian. Failure to do so will result in forfeiture of premiums.**

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