

MARKET ANIMAL DRUG HISTORY

DESCRIPTION OF ANIMAL



- _ Goat
 _ Swine Age _____ Other ID _____
 _ Sheep Weight _____
 _ Bovine Sex _____ ID _____ Color _____

Product Administered

Date

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.

Signature of Exhibitor _____ Date _____

Signature of Parent/Guardian _____ Date _____

Address _____ Phone _____

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