

M.A.P. Member Printed Name _____

MARKET ANIMAL DRUG HISTORY

PREMISE ID # _____

SPECIES: _____ BARROW _____ STEER _____ WETHER EAR TAG # _____

CHECK ONE:

WE HEREBY CERTIFY THAT THESE ANIMALS HAVE NOT RECEIVED, OR BEEN TREATED WITH DRUGS, TRANQUILIZERS, DIURETICS, STEROIDS, ANTIBIOTICS OR OTHER SUBSTANCES.

THE FOLLOWING PRODUCTS HAVE BEEN ADMINISTERED TO THE ANIMALS.

Date	Animal ID (Tag #)	Condition Being Treated	Estimated Weight	Treatment Given Medication, Amount & Route (i.e. LA 200, 1 cc, IM)	Name of Person Giving Treatment	Labeled Meat Withdrawal Time	Date & Time Withdrawal Complete	Other

MEDICATED FEED SHOULD ALSO BE INCLUDED IN ABOVE LIST.

DATE _____ **SIGNATURE OF EXHIBITOR** _____

SIGNATURE OF PARENT/GUARDIAN _____