

# ANIMAL DRUG HISTORY

SPECIES: \_\_\_\_\_ BEEF  
\_\_\_\_\_ DAIRY  
\_\_\_\_\_ SWINE  
\_\_\_\_\_ 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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, Dr. Doll. Failure to do so will result in forfeiture of premium.