

Market Animal Drug History Form

SPECIES: ___ Beef/Dairy Beef
 ___ Sheep
 ___ Swine
 ___ Rabbit
 ___ Poultry

Premises ID # _____
Ear Tag / ID # _____
Pen # (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:

Exhibitor's Name **(printed)** _____

Signature of Parent/Guardian _____

Address, City & Zip _____

Phone Number: _____ Date: _____

THIS COMPLETED FORM MUST BE TURNED IN AT FINAL WEIGH-IN TIME

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