**Market Animal Drug History Form**

**Species: \_\_\_\_ Beef / Dairy Beef Premises ID #**

 **\_\_\_\_ Sheep Ear Tag / ID #**

 **\_\_\_\_ Swine Pen # (Swine)**

 **\_\_\_\_ Rabbit**

 **\_\_\_\_ Poultry**

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 COMPLTED FORM MUST BE TURNED IN AT FINAL WEIGH-IN TIME**