

Sonoma County Fair

DECLARATION OF MEDICATION FORM

(Use separate form for each animal. This form must have **all** required signatures)



Exhibitor Name: _____

Club / Chapter Name: _____

Animal Species: (circle one) Market Beef Market Sheep Market Swine Market Goats

SCF Ear Tag # : _____

INITIAL AND COMPLETE ALL SECTIONS THAT APPLY

I certify the above animal **has not been treated with any prescription or over the counter drugs**, for which the withdrawal period has not elapsed.

I certify that this animal was **treated by a veterinarian with medication as listed below** for which the withdrawal period has not yet elapsed.

Condition being treated for: _____

Medication dispensed: _____

Dates of treatment: _____

Instructed withdrawal time: _____

Name of licensed veterinarian providing care: _____

I certify that this animal **was treated with an over the counter drug** for which the withdrawal period has not yet elapsed.

Condition being treated for: _____

Over the counter medication given: _____

Dates medication was given: _____

Labeled withdrawal time: _____

Exhibitor signature: _____ Date: _____

Parent / Legal Guardian: _____ Date: _____