

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

<input type="checkbox"/>	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.
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<input type="checkbox"/>	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: _____	

<input type="checkbox"/>	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: _____