AMADOR COUNTY FAIR

26TH DISTRICT AGRICULTURAL ASSOCIATION

DECLARATION OF MEDICATION FORM

(Use a separate form for each animal)

Exhibitor Name: _____

Exhibitor Address: _____

City, State, Zip _____

Phone: _____

Animal Species: _____ **Animal Breed:** _____

Animal Fair Tag/Tattoo#: _____ **Scrapies & Flock #:** _____ (if applicable)

INITIAL BOXES AND COMPLETE ALL SECTIONS THAT APPLY

☐ I certify the above animal ***HAS BEEN*** treated with an over the counter (OTC) drug for which the withdrawal period **HAS NOT** elapsed.

☐ I certify the above animal ***HAS BEEN*** appropriately treated by a licensed veterinary practitioner with a medication (Prescription or Over-the-Counter) for which the withdrawal period has not elapsed. Veterinarian information MUST be completed below.

Licensed Veterinarian providing care: _____

Address of Veterinarian providing care: _____

City, State, Zip _____

Phone: _____

Condition being treated for: _____

Medication dispense (Prescription or OTC): _____

Dates of treatment: _____

Labeled/Instructed withdrawal time: _____

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

Exhibitor Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

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