

AMADOR COUNTY FAIR

26TH DISTRICT AGRICULTURAL ASSOCIATION

DECLARATION OF MEDICATION FORM

(Use a separate form for each animal)

	bitor Name:	
	bitor Address: , State, Zip	
Phon		
Animal Species: Animal Fair Tag/Tattoo#:		Animal Breed:
		Scrapies & Flock #:
		(if applicable)
INITI	AL BOXES AND COMPLETE	ALL SECTIONS THAT APPLY
	I certify the above animal HA drug for which the withdrawa	S BEEN treated with an over the counter (OTC) I period HAS NOT elapsed.
	I certify the above animal <u>HAS BEEN</u> 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.	
Licen	nsed Veterinarian providing ca	are:
Addre	ess of Veterinarian providing	care:
• .	State, Zip	
Phon	e:	
Cond	ition being treated for:	
Medi	cation dispense (Prescription	or
OTC)	:	
Dates	s of treatment:	
Label	led/Instructed withdrawal tim	ie:
		S NOT been treated with prescription or over the withdrawal period has not elapsed.
Exhibitor Signature:		Date:
Parent Signat	t/Guardian ture:	Date:

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