

MEDICATION FORM



Exhibitor Name: _____
Exhibitor Address: _____
Exhibitor City, State and Zip: _____
Phone Number: _____
Cell Phone: _____
4-H Club: _____
Animal Description: _____
Species: (check) __Beef __Sheep __Swine __Meat Goat __Poultry __Rabbit __Dairy Cattle __Dairy Goat
Animal Identification # (ear tag or tattoo): _____

INITIAL BOXES AND COMPLETE ALL SECTIONS THAT APPLY

I certify the above named animal **has not** been treated with prescription drugs and/or over the counter drugs.

I certify the above named animal has been treated with an over the counter drug for which the withdrawal period **has** been completed.

Condition being treated for: _____
Medication dispensed: _____ Dose Given: _____
Dates of treatment: _____
Labeled withdrawal time: _____

 I certify the above named animal **has** been appropriately treated by a licensed veterinary practitioner with a medication as indicated below. The prescribed medication withdrawal period **has not** been completed by the date that is listed on this form.

I certify the above named animal **has** been appropriately treated by a licensed veterinary practitioner with a medication as indicated below. The prescribed medication withdrawal period **has** been completed by the date that is listed on this form.

Condition being treated for: _____
Medication dispensed: _____ Dose Given: _____
Dates of treatment: _____
Labeled withdrawal time: _____

Name of licensed veterinarian providing care: _____
Signature of licensed veterinarian providing care: _____
Veterinarian Address, City, State, Zip, and Phone: _____
Labeled withdrawal time: _____

Exhibitor Signature: _____ Date: _____
Parent/Legal Guardian/
Leader/Supervisor Signature: _____ Date: _____

**THIS FORM IS TO BE COMPLETED AND DELIVERED TO THE VET
AT THE VET HEALTH CHECK**