DRUG HISTORY FORM

Market Animal Show & Sale of Marathon County, Inc.

One animal per form.

Species (circle one): Beef Hog Sheep

Exhibitor Name: _____

M.A.S.S. Tag Number: _____

Products administered to this animal:

DATE	PRODUCT	DOSAGE

I hereby certify that this animal has not received or been treated with drugs, tranquilizers, diuretics, steroids, antibiotics, or other substances without following current withdrawal procedures.

I understand Rule G.1., which reads: If an animal carcass is condemned at slaughter by a state inspector, it is the sole responsibility of the exhibitor and he/she will receive no payment for the animal.

_____

Signature of Exhibitor Date

_____

Address City, State, Zip

_____

Signature of Parent/Guardian Phone Number

****This sheet needs to be completed and turned in at Final Weigh-in.****