

# Market Animal Show & Sale of Marathon County



## Animal Drug History Form

PLEASE SUBMIT ONE FORM PER ANIMAL. Completed form must be submitted at weigh-in.

Please list all products administered to the animal since May 1<sup>st</sup>.

Species (circle one):      Beef      Hog      Sheep

Exhibitor Name: \_\_\_\_\_

M.A.S.S. Tag Number: \_\_\_\_\_

All products administered to this animal since May 1<sup>st</sup> include:

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Phone Number