Species:_____

Ear Tag #:_____ Club/Chapter Name:

Ramona Junior Fair Declaration of Health & Wholesome Meat Form

(Use a Separate form for each animal)

This form MUST be turned in by the start of Opening Ceremonies

Exhibitor Name:	 	 	
Exhibitor Address:	 	 	

Exhibitor Phone: _

We agree that any antibiotic, medication, pesticide or other substance administered to any market animal or bird while at the Ramona Junior Fair, Inc. will be administered only under the direct supervision of the Livestock Superintendents, or under the direct supervision of a licensed veterinarian. Any such medication or treatment may require additional withdrawal time and disqualify the entry from eligibility for sale or shipment to slaughter from the Ramona Junior Fair, Inc.

INITIAL AND COMPLETE ALL SECTIONS THAT APPLY

_____ I certify that the above animal has not been treated with prescription, medicated feed, or over the counter drugs for which withdrawal period has not elapsed.

_____I certify that any food supplements or feed with additives was fed in accordance with USDA specifications and labeling instructions.

_____My animal has been appropriately treated by a licensed veterinarian with a medication for which the withdrawal time has not elapsed. I understand this animal is not eligible to sell at the auction. (If you initialed this line, please provide the following information)

Conditions Being Treated For:		
Medication Dispensed:		
Date(s) of Treatment:		
Instructed Withdrawal Time:		
Name of Licensed Veterinarian Providing Care :		
Phone Number of Veterinarian:		

My animal has been treated with an over the counter drug for which the withdrawal period has not elapsed.

Condition being treated for:
Over the Counter Medication given:
Date Medication Given:

We certify that the above information is correct, and the animal referred to is healthy and fit for consumption.

 Exhibitor Signature:

Date:

Parent/Leader/Advisor Signature:	Date:
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