

# MEDICATION FORM



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

Exhibitor Address: \_\_\_\_\_

Exhibitor City, State and Zip: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

4-H Club: \_\_\_\_\_

Animal Description: \_\_\_\_\_

Animal Species: (circle one) 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**