# Reno County Fair Market Livestock Drug Withdrawal Form

# Fill in below for species going to fair.

|  |  |  |  |
| --- | --- | --- | --- |
| Beef | Goat | Sheep | Swine |
| ID# | ID# | ID# | ID# |
| ID# | ID# | ID# | ID# |
| ID# | ID# | ID# | ID# |
| ID# | ID# | ID# | ID# |
| ID# | ID# | ID# | ID# |
| ID# | ID# | ID# | ID# |
| ID# | ID# | ID# | ID# |

**I am aware of the following:**

Regarding the use or animal health aids, growth promo ants, or other livestock related substances:

1. Chemical substances used in livestock production, disease prevention, or disease control have approved withdrawal times before slaughter.
2. Information on specific use and withdrawal times can be found on product label instructions.
3. Tranquilizers and other non-species approved substances should not be used for food animals.
4. Any ruminant animal (sheep and cattle) is prohibited from receiving any meat, bone, or blood meal from any other species.

**Therefore,** I **certify that the animals** I **bring to this show have: (please check one)**

\_\_\_\_\_\_\_\_\_\_while in ownership never been given any substance, which required a withdrawal time before

slaughter.

\_\_\_\_\_\_\_\_\_\_complied with legal withdrawal times in the use of one or more approved chemical substances for

animal health, growth promotion, or other livestock management practices.

I understand that a violation of approved usage of these substances may be persecuted and that ANY animal at the Reno County Fair is subject to comprehensive drug tests at the option of the show management or harvest facility. The Reno County Fair Board, its officers, and management will not be held legally responsible.

I understand that it is recommended that injections be given Sub-Q (under the skin), UNLESS the label states IM use only (in the muscle). Therefore, I verify that all injections given to this animal while under my ownership were given according to label recommendations. When labeled for IM use only, injections were given in the neck region of the animal.

**Exhibitor’s Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4-H Tag Number** | **Medication or Treatment** | **Date Given** | **Withdrawal Clear Date** | **Not Cleared, I will Buy Back** |
|  |  |  |  |  |
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