

Reno County Fair Market Livestock Drug Withdrawal Form

Class/Species _____ Animal ID # _____ Exhibitor's S.S. # _____ - _____ - _____ (required for Form 1099)
(tag number)

I am aware of the following:

In regard to the use of animal health aids, growth promotants, 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 instruction.
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 prosecuted 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 no be held legally responsible.

Exhibitor's Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

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 _____

Continuous Country of Origin Affidavit/Declaration

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

Class/Species _____

Animal ID # (tag number) _____

Origin Declaration Language for Seller/Buyer Invoices and Other Sales Documents with a Continuous Declaration on Record or as a Stand-Alone Declaration of Origin

I attest that all livestock referenced by this document and transferred are of _____ (country) origin.

Signature / Date

Print Name

Address, City, State and Zip