

**El Dorado County Fair Medical Declaration Form**

Exhibitor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Exhibitor Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

4-H Club or FFA Chapter \_\_\_\_\_ Animal Species (Circle one.)

Swine Cattle Sheep Goats Rabbits Poultry Identification # (Ear Tag or Tattoo) \_\_\_\_\_

**Initial and complete all sections that apply.**

\_\_\_\_\_ I certify the above animal has **not** been treated with prescription 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 prescription 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 and Zip \_\_\_\_\_

Veterinarian Phone #: \_\_\_\_\_

Exhibitor Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form is to be completed and returned to the El Dorado County Fair office.**