

MARKET ANIMAL DRUG HISTORY

DESCRIPTION OF ANIMAL:

(Must be completed prior to weigh-in at Buffalo County Fair.)

____ Swine Age ____ Other description _____
____ Sheep Wt. ____
____ Bovine Sex ____ ID# _____ Color _____

I HEREBY CERTIFY THAT THIS ANIMAL HAS NOT RECEIVED, OR BEEN TREATED WITH DRUGS, TRANQUILIZERS, DIURETICS, STEROIDS, ANTIBIOTICS OR OTHER SUBSTANCES WITHOUT FOLLOWING CURRENT WITHDRAWAL PROCEDURES.

Products and dates administered to this animal:

Date: _____ Signature of exhibitor: _____

Signature of parent/guardian: _____

Phone: _____ Address: _____

BUFFALO COUNTY AGRICULTURAL FAIR ASSOCIATION

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