MARKET ANIMAL PROJECT DRUG HISTORY

PORTAGE COUNTY FAIR – ROSHOLT

PREMISES ID: \_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIES: Swine Beef Sheep EAR TAG(S):

CHECK ONE:

* **We hereby certify that this animal has not received, or been treated with drugs, antibiotics, tranquilizers, diuretics, steroids, nonsteroidal anti-inflammatory drugs, antiparasiticides, vaccines, medicated feed/water or other substances.**
* **The following products have been administered to the listed animal(s). Vaccines and medicated feed should also be included in this list.**

**\* Please fill in tables on reverse. The following is an example.**

Animal ID: 22

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date(s)** | **Drug** | **Dose** | **Route** | **Reason** | **Withdrawal (W/D)** | **Date W/D Complete** | **Person Giving Drug** |
| 2-12-23 | iron | 1ml | SQ neck | anemia | 0 | 2-12-23 | Name of breeder |
| 2-19-23 | Rhinishield | 1ml | SQ neck | vaccine | 21 days | 3-12-23 | Name of breeder |
| 3-1-23 | penicillin | 1ml | SQ neck | castration | 14 days | 3-15-23 | Name of veterinarian |
| 3-12-23 | Rhinishield | 2ml | SQ neck | vaccine | 21 days | 4-2-23 | Name of breeder |
| 3-19-23 | FluSure | 2ml | SQ neck | vaccine | 21 days | 4-9-23 | Name of veterinarian |
| 4-1-23 to 7-15-23 | Carbadox | 25g/ton | feed | ileitis | 42 days | 8-26-23 | Exhibitor |
| 5-1-23 | Draxxin | 0.75ml | SQ neck | cough | 18 days | 5-19-23 | Name of veterinarian |
| 3-15-23 | Dectomax | 1ml | SQ neck | deworm/mange | 24 days | 4-8-23 | Name of breeder |
| 7-16-23 to 9-4-23 | tylosin | 100g/ton | feed | ileitis | 0 | 9-4-23 | Exhibitor |

Animal ID:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date(s)** | **Drug** | **Dose** | **Route** | **Reason** | **Withdrawal (W/D)** | **Date W/D Complete** | **Person Giving Drug** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Animal ID:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date(s)** | **Drug** | **Dose** | **Route** | **Reason** | **Withdrawal (W/D)** | **Date W/D Complete** | **Person Giving Drug** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Signature of Exhibitor: Date:

Signature of Parent/Guardian: Date: