

M.A.P. Member Printed Name: _____

**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, antiparasitcides, 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

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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: _____