



El Dorado County Fair Medical Declaration Form

Exhibitor Name _____ Phone Number _____

Exhibitor Address _____

City, State Zip _____

4-H Club or FFA Chapter _____

Animal Species (Check 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.